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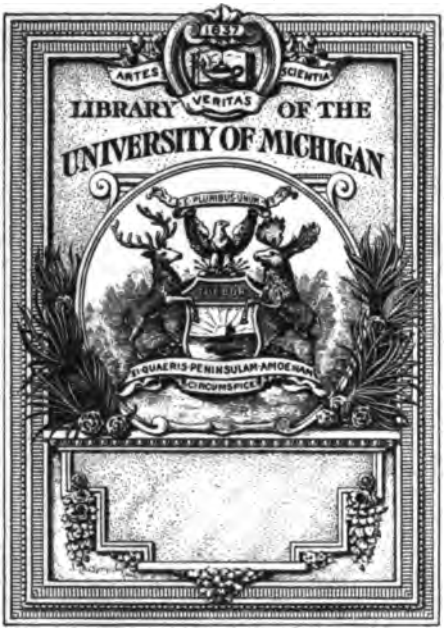

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THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON;

A Monthly Journal

DEVOTED TO THE ADVANCEMENT OF THE KNOWLEDGE OF THE DISEASES OF WOMEN.

Edited by

WINSLOW LEWIS, M.D., HORATIO R. STORER, M.D.,
GEORGE H. BIXBY, M.D.

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THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. IV.] JANUARY, 1871. [No. 1.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

THIRTY-SEVENTH REGULAR MEETING, JULY 5, 1870.

THE thirty-seventh regular meeting of the Society was held on the evening of July 5th, 1870, at Hotel Pelham; Dr. Martin, in the absence of the President, occupying the chair. Present, Drs. Martin, Warner, Bixby, Weston, Sullivan, Warren, and H. R. Storer.

The records of the last meeting were read and accepted.

The Secretary read letters, in acceptance of Corresponding Membership, from Drs. J. Hjaltelin, of Reybijavik, Iceland, and Abraham Sager, of Ann Arbor, Michigan, and announced the following donations to the library: from Prof. Rizzoli, of Bologna, the two volumes of his Surgical and Obstetrical Memoirs; a monograph upon Eversion of the Uterus as a Cause of Procidentia, by Prof. Martin, of Berlin, from its author; and from Prof. Gusserow, of Zurich, his paper upon Uterine Sarcoma.

The death of Dr. Edward Hall, of Auburn, N. Y., a

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Corresponding Member, was announced, and Dr. Storer paid a tribute to his skill as a gynæcologist, and his unassuming worth.

Dr. Storer exhibited specimens of

NITRATED CHARCOAL FOR THE ACTUAL CAUTERY,

moulded, after pulverization, into pencils with gum arabic, and called attention to their excellence for office use. He had first employed these pencils at the suggestion of Dr. Mack, of St. Catharine's, several years since, using originally the sticks of camel-dung imported from Asia as slow matches for children, but had found them too brittle and too readily quenched by the vaginal mucus. The nitrated charcoal retained its incandescence very much better.

It was of great importance that the mixture of nitre and coal should be very carefully made; otherwise serious injury might be inflicted upon the patient. To illustrate this, Dr. Storer exhibited and ignited some specimens lately prepared for him by a prominent German druggist of this city, to whom he had communicated the proper formula. The proportion of nitre had been too great, and their combustion afforded a brilliant and somewhat dangerous display of fireworks. Fortunately the error had been discovered in season to prevent any accident. It would be well for practitioners, in purchasing the pencils, to be on their guard against this possibility. When well prepared, the coal smouldered slowly and very steadily, without crumbling or flame.

Dr. Warner had been very much interested in the exposure that had just been made. Dependent as gynæcologists were, like other physicians, upon the faithfulness and competence of manufacturing and dispensing

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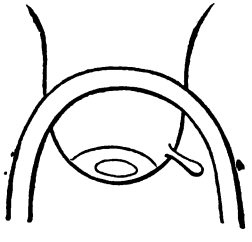
chemists, it was of great importance that these should be reminded of any occasional remissness. Upon first coming to Boston, he had heard much of the superior skill of the person alluded to by Dr. Storer. More than once, however, he had found him grossly at fault, and upon remonstrance he had, with all the dignity of a college professor, thrown himself back upon his position and his diploma. Dr. W. mentioned instances in point.

Dr. Sullivan exhibited a specimen of double fœtal monstrosity, illustrative of one of its previous discussions,* sent to the Society by Dr. Kemper, of Muncie, Indiana.

Dr. Storer presented a large photograph of the Fallopian fibroid he had removed by abdominal section and shown at the last meeting,† and exhibited a very peculiar

FIBRO-CELLULAR OUTGROWTH FROM THE EXTERNAL SURFACE OF THE CERVIX UTERI.

The patient, married and with children, had been



treated for other uterine and for rectal disease, and was convalescing. There had existed, in addition, the cer-

* This Journal, February, 1870, p. 76.

† See this Journal, December, 1870, p. 362.

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vical horn represented in the wood-cut,* which was erect and quite resistant, and a small deposit of similar fibro-cellular structure, which was also exhibited, in the lower vagina, not far from the posterior fourchette. Both were excised, on June 23d, with but trifling hemorrhage.

A communication was read from Dr. Henry F. Lyster, of Detroit, Michigan, upon a case of

VESICO-VAGINAL FISTULA CURED BY OCCLUSION OF THE VAGINA.

[Dr. Lyster's paper was published in the Journal of the Society for November, 1870.]

Extracts from a letter concerning this case, prior to operation, were read at the thirty-third meeting of the Society, and will be found in the report of its proceedings.†

Dr. Storer alluded to the advances made of late in the treatment of cases of vesico-vaginal fistula, formerly considered irremediable save by vaginal effacement. In the case reported, the best course, under all the circumstances, was undoubtedly pursued. Where, however, the patient's means permit it, no effort should be spared to restore the parts affected to their original integrity.

Dr. Martin had been surprised to learn, by personal observation, of the wonderful changes effected by Emmet, of New York, in restoring the deformed, indurated, or obliterated vagina in these cases to its normal condition.

The Secretary read a paper by Dr. J. W. Thompson, of Paducah, Ky., upon the use of

THE INTRA-ABDOMINAL DOUCHE IN SEPTICÆMIA.

* Sketched by Mr. James S. Conant, of Studio Building.

† This Journal, November, 1870, p. 281.

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[Dr. Thompson's paper was published in this Journal for November, 1870.]

Dr. Martin had doubts as to whether, in the case reported, the purulent effusion were into the peritoneal cavity or the intrafascial cellular tissue of the abdominal wall.

Dr. Storer considered that the case, as reported, contained evidence enough of its accuracy. A collection of pus external to the peritoneum, to the extent of two and a half gallons, even were it consonant with the continued life of the patient, would imply an error of diagnosis that was hardly conceivable. It was evidently not ovarian. Dr. Peaslee and others had urged a more frequent resort to abdominal cleansings in cases of surgical peritonitis and septicæmia. He had himself resorted to the practice in several instances, not, as yet, he was sorry to say, with the success he had hoped from the statements of these gentlemen. In one instance, seen by him with Dr. Bixby, the patient had expired during the introduction, with great care, of a very small abdominal douche of a dilute solution of carbolic acid.

The following extracts were read from a letter by Dr. O. G. Selden, of Shanesville, Ohio, upon the use of

DIGITALIS IN UTERINE HEMORRHAGE.

"I have just read Dr. Sullivan's article, in the June number of the 'Gynæcological Journal,' and I cannot refrain from attesting the correctness of his conclusions, from my own experience for many years past. I was led to its use by the perusal of the same paper referred to by him, which had been copied into the 'London Lancet.'

"At the time I first saw Dr. Dickinson's paper I had on hand a case of hemorrhage following abortion, the condition having come on in the third month of pregnancy, and apparently induced by metastasis of epi-

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demic parotitis. I had treated the case about four weeks without producing permanent relief, and the patient was becoming terribly exhausted by the drain of blood, which was not severe, but almost constant. I had exhausted the usual remedies, and tried some very unusual ones, without doing my patient much good. After reading Dr. Dickinson's paper I placed her upon the digitalis treatment, and had the good fortune to see the arrest of the hemorrhage follow in less than three days, and it did not return.

"Since that time I have very constantly used it in similar cases, and can truly say that I know of no remedy which in my hands has so constantly controlled uterine hemorrhage. Its best effects have been in post-partum cases, abortions, and in hemorrhage from fibroid tumors. I have usually given it in the form of tincture, in combination with mineral acids, iron in the form of hydrochlorate, or with anodynes or opiates, sometimes with sudorifics, as the citrate of potash. The dose of the tincture which I have employed is from ten to fifteen drops every four to six hours. I have never, so far as I can now remember, seen any alarming toxic effect as the result of this treatment."

Dr. Weston regretted that Dr. Selden had so masked the digitalis by combining it with other remedies. Its true effect would have been more evident had it been used alone.

Dr. Martin thought that greater caution was necessary with regard to endorsing any alleged or supposed panacea. It had been his own experience that all so-called hemostatics were, when exhibited by the mouth, perfectly fallacious, their effect being negative, and the hemorrhage ceasing from other causes. He now employed only local applications for the relief of uterine hemorrhage.

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Dr. Weston did not see why digitalis should have any more effect upon uterine hemorrhage than upon that from the lungs or any other organ. He was not aware that for the latter it was claimed to have anything like a specific effect.

Dr. Sullivan would correct two misapprehensions. He neither covered up the action of digitalis by other remedies in the cases upon which he based his paper read to the Society,* nor did he consider the agent a panacea. He recommended it only in certain forms of menorrhagia, and especially in those uncomplicated with organic disease. It was very useful, he thought, even in certain cases of hemoptysis, probably from lessening the force of the circulation.

Dr. Martin called attention to the absurd character of many of the old remedies employed to arrest bleeding. He mentioned, for instance, the so-called "blood-stones" bound upon the affected part. Such discussions as the present were of advantage, even if they did no more than divest practice of its inherent tendency to groundless superstition. Dr. M. dwelt upon the importance of paying attention to the every-day details of gynæcology, which were still so imperfectly understood by the profession, and were in reality so much more important to the mass of physicians than the recital of very unusual cases.

The Secretary read from a letter, by Dr. G. W. Jones, of Danville, Ill., the following note concerning

MALARIAL LEUCORRHŒA.

"Simple leucorrhœa and uterine catarrh," says Dr. Jones, "as well as menorrhagia, in this western country

* This Journal, June, 1870, p. 349.

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are often dependent upon malarial causes, and when such is the case, for the two former diseases especially, I have found no remedy so satisfactory and effectual as the internal administration of hyposulphite of soda.

"I was first led to its use by accident, in a case where the patient refused to submit to local treatment until other measures were tried, and have used it many times since with success.

"Dr. Sullivan, in his article upon Digitalis in Menorrhagia, while enumerating many valuable remedies, fails to mention my favorite Cannabis Indica. I have also used digitalis, upon theoretical grounds, and cheerfully endorse all that he has written upon that subject."

The Secretary read a letter from Dr. W. M. James, of Whitesboro', N. Y., detailing the recovery of the case of

VAGINAL IMPALEMENT,

formerly communicated to the Society.

[Dr. James' communication was published in this Journal for September, 1870.]

A letter was read from Rev. James B. Dunn, of Boston, communicating to the Society the MS. of his Simpson Memorial Sermon, in accordance with its request.

The Secretary read a letter from Dr. J. B. S. Jackson, of Boston, detailing the reasons which had influenced him in desiring to disconnect himself from the Society as one of its Honorary Members. They were purely of a personal character, and directed against the Secretary. It was moved by Dr. Storer that, under the circumstances, though he disapproved of such a precedent, Dr. Jackson be permitted to retire. This motion was negatived. Upon motion, Dr. Jackson's request was then laid upon the table, and a Com-

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mittee, consisting of Drs. Martin, Lewis, and Weston, was appointed with instructions to convey to Dr. Jackson such rebuke as the reflections upon the Society contained in his communication might appear to deserve.

Adjourned.

THIRTY-EIGHTH REGULAR MEETING, JULY 19, 1870.

The thirty-eighth regular meeting of the Society was held at Hotel Pelham, on the afternoon of July 19th, 1870, the President in the chair. Present, Drs. Lewis, Sullivan, Weston, Martin, Warner, and H. R. Storer; Dr. Joseph G. Pinkham, of Lynn, Corresponding Member; and, by invitation, Dr. W. W. Dow, of Somerville.

The records of the preceding meeting were read and accepted.

The Secretary read letters, in acceptance of Corresponding Membership, from Profs. Pietro Loreta, of Bologna, and Hoenig, of Bonn; and the application of Dr. Ephraim Cutter, of Boston, for nomination as an Active Member. The latter communication was referred, in the customary manner, to the Committee upon Membership.

The Secretary announced the decease of Drs. Charles A. Pope, of St. Louis, Honorary Member, and W. W. Bancroft, of Granville, Ohio, Corresponding Member, both of whom had exerted a marked influence in the development of gynæcological science.

Dr. Sullivan exhibited

COILS OF INSPISSATED PUS,

removed from the kidney by Dr. Storer.* Though the operation had been performed three weeks since, and

* See this Journal, December, 1870, p. 349.

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the weather had been sultry, the specimen was still perfectly fresh and sweet. Under the microscope, it was evident that fatty degeneration had occurred long prior to the operation, the fluid portion having been absorbed.

The patient thus far had remained in a satisfactory condition.

Dr. Weston presented the fœtal sac from an early abortion, at two months, the specimen being interesting from the fact that the case was one of

UNSUSPECTED PREGNANCY.

Menstruation had regularly persisted; it had always been profuse, but without any dysmenorrhœal membrane. Dr. W. referred to other cases that he had seen where this persistence had also been observed during pregnancy.

Dr. Sullivan exhibited, under the microscope, sections of the fibro-cellular outgrowths from the cervix and vagina, a sketch of which, from a patient of Dr. Storer's, had been exhibited at the last meeting.

Dr. Sullivan also exhibited a polypus, removed by Dr. Storer from a Rhode Island case, where the hemorrhage previous to the operation had been very profuse. In this instance, as in others reported to the Society, the accession of the climacteric had apparently been delayed by the irritation of the outgrowth.

Dr. Pinkham read a paper upon

THE TABULATION OF GYNÆCOLOGICAL OBSERVATIONS.

[Dr. Pinkham's paper was published in this Journal for October, 1870.]

Dr. Pinkham also exhibited blank forms that he had prepared for the purpose of facilitating the recording and generalizing of gynæcological cases in private and hospital practice, and desired suggestions thereupon

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from members of the Society. They were intended, he said, "as an aid to the busy practitioner in making systematic and detailed records" of his daily study and treatment of the diseases of women.

Dr. Storer expressed his satisfaction that Dr. Pinkham had supplied a want so long felt by the profession. Every physician occasionally saw cases of great scientific interest. Many of them failed of being recorded. The men of the most experience had seldom the time to properly keep up their note-books, while practitioners of greater leisure often failed of appreciating the exact points most important to narrate. To both classes the gynæcological record-book would prove most acceptable, and he had no doubt that the Society, and science generally, would be greatly benefited by its general adoption. Though the evidence of statistics, as ordinarily presented, must be received with extreme caution, there were yet many points that would richly repay tabular elucidation.

Dr. Pinkham's record-book and blanks were carefully examined by the gentlemen present, and, upon motion by Dr. Sullivan, it was voted that, approved by the Society, their use was recommended to the profession.

The following cases were reported to the Society in a communication from Dr. W. L. Wells, of Howell, Michigan, as illustrative of

ARSENIC AND BELLADONNA IN THEIR RELATIONS TO PREGNANCY.

"Mrs. S., aged twenty-six, called upon me, soon after my return from Boston (in June, '67), for medical advice and treatment. I learned from her that she had been married seven years, and previous to it had been healthy and perfectly regular in her menses. That about six months after marriage she supposed herself to be preg-

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nant, from the non-appearance of the menses, but about the ninth week commenced flowing, and her physician said that she aborted, which was probably correct. Since that she has repeatedly gone six weeks, when she has commenced flowing and lost the ovum. She assured me that she, as well as her husband, were desirous of having offspring, and, consequently, had called upon me. Upon examination I found the cervix uteri, as also the uterus, in a healthy condition, for aught I could discover. I forgot to state that she had, when a girl, what was called dysmenorrhœa, and it was this that her physician thought was the cause of her aborting, as it existed still. I have been inclined to call such cases as hers spasmodic menorrhagia, and to treat them with Fowler's solution, beginning immediately after the menstrual period and continuing during the intermission, with the third or half grain of ext. belladonnæ for two or five days immediately prior to it, which was the treatment adopted in her case. In October following she told me at my office that she had passed two months without menstruating, and that she felt so different from what she had before, that she was hopeful that she might carry it to the full period. I advised her as to what she might, and what she should not, do; but she was called to see a sick sister some sixty miles distant, which she had to do by carriage, and while there aborted, and a physician in attendance called it a three months' child. In February, '69, she became pregnant, and I continued the use of the arsenical preparation, in ♏ iij doses three times a day, until after she felt motion, or, rather, to the fifth month, when I caused it to be discontinued; to this she attributes the miscarriage which took place in the sixth month. The child was living, and a boy. It died shortly after birth. The arsenic was given because almost everything else had been tried by her

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attendant, and I thought that a remedy that succeeded so admirably in controlling menorrhagia in her case would be *the* thing for a gravid uterus in her condition. She is now in her fourth month, and I have employed the same treatment as before, but can see no reason for continuing it, and for that reason have been desirous of obtaining your advice. She is a strong, healthy-appearing woman, and withal 'good to look upon,' as she is very fine-looking, and desirous of becoming a mother. Rest and abstinence have been enjoined by me. What shall I do? By the by, I had her take belladonna pills for ten days after menstruating, for the purpose of enabling her more readily to conceive. It is quite likely that you may laugh at it, as you may the use of the arsenic, but this I do know: A young married lady of this place had painful menstruation, for which she had been treated by a homœopath for two years, and I was called and put her upon the same treatment as in the other case, and, for the fun of the thing, not that I had any confidence in it, continued the belladonna pills for ten days after menstruating, and she became pregnant after the second period, and is three months advanced in gestation. You will, no doubt, give the husband credit, and so do I; but *she* is *not* pleased with the joke, and thinks my medicine put her in condition for conception. That is not convincing proof, I will admit. I may fail at the next attempt."

[In a subsequent communication, five months after, and dated June 27, 1870, Dr. Wells remarks that

"The case which I wrote you about some time since terminated very satisfactorily, the mother giving birth in due time to a fine boy. I continued the arsenic; used also bromide of potassium, morphine, etc., and feel well satisfied with the result."]

The Secretary read, from Dr. R. F. Andrews, of Gardiner, Mass., the notes of a case of

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PLACENTA PRÆVIA,

treated by intra-cervical applications of alum, both previous and subsequent to its removal.

Dr. Storer considered it of little advantage to temporize in these cases. Fortunately but few practitioners had many opportunities either of doing so or of testing in their own practice the different methods of treatment that had been suggested. He himself did not consider the old plan of forcibly delivering through the placenta nearly so good a one as that of Simpson, by detaching the placenta throughout its surface as rapidly as possible. Before relinquishing obstetric practice, he had been enabled to do this in more than one instance, and always with the happiest results.

Dr. Sullivan was of the same opinion. He had himself first practised entire separation of the placenta many years since; before, indeed, he had learned of its suggestion to the profession by Simpson.

Dr. Weston would inquire, in this connection, if any action had yet been taken by the profession in Boston towards exacting from Prof. Buckingham, of the Medical School, an explanation of his recent extraordinary pamphlet upon Placenta Prævia.* He hesitated to refer to this subject, but it was of gynæcological interest, and he was sure that his motive would not be misunderstood. Dr. Buckingham had published the pamphlet, to quote his own language, "for the benefit of the medical profession." He had courted comment, and Dr. W. thought that all right-minded men would feel, with himself, that such arrogance and apparent ignorance should be rebuked. To retain such a man in its corps of teachers, unless he publicly apologized to the profession, was a disgrace to the college.

* Already referred to in this Journal. See May number, 1870, p. 307.

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Dr. Martin had from the outset felt that the case was one that ought to have a public investigation. It clearly came within the province of the Massachusetts Medical Society, of which Dr. B. was a member, composed as this was of all the physicians in the State, every one of whom had both been insulted and harmed by Dr. Buckingham's pamphlet. It was understood that some sort of a defence, or, at least, a partial statement of the case, had been made to the Boston Obstetrical Society, but what had it amounted to, since it had not been communicated to the profession outside that narrow circle? * It had even been said that this explanation, such as it was, was only vouchsafed upon condition that there should be no comment made upon it by any member of the Obstetrical Society, though Dr. M. could hardly bring himself to believe that such was the fact. The criticism had been made that Dr. Buckingham's case was not probably one of placenta prævia at all. Dr. Martin thought this opinion could hardly be well founded; but the point was wholly an irrelevant one. The question was as to whether the treatment, so far as made known by positive or negative evidence, was all that was required in a typical case of excessive post-partum hemorrhage, such as had been present. Up to the present moment, he did not believe that the profession were satisfied that such treatment as ordinarily might have been expected from a Professor of Obstetrics, had in this case been afforded. Whether it were well for the Gynæcological Society to take the initiative towards a public investigation, otherwise than through the editorial columns of its Journal, he was not quite certain. Had Dr. Buckingham been a member of the Society, he would

* The defence referred to, by Dr. C. W. Swan, has just been published, some six months after it was read to the Obstetrical Society, and fully a year after the scandal had become a public one. (See Boston Medical and Surgical Journal, Nov. 17, 1870, p. 326.) Upon examination, it will be found that Dr. Swan, no wise refutes the main charges that have been made. — Eds.

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have had no such scruples. As it was, inasmuch as Dr. B. still occupied the position of President of the Obstetrical Society, he was disinclined to give any one the opportunity to charge that the Gynæcological entertained any other than the kindest feelings towards the sister Society. Else he would not hesitate to move the appointment of a committee to bring the matter before the Massachusetts Medical Society, with a view to a Board of Trial for malpractice.

Dr. Warner thought it better for the Society to take no formal action. By the discussion that had taken place it would be made evident enough what was the general professional opinion concerning the case referred to. Dr. Buckingham had plainly desired to forestall public opinion, to brow-beat the profession, and to advertise himself as a Professor in Harvard College. In each of these respects he had signally failed. He had succeeded, however, in making himself a universal laughing-stock, and in setting the seal to his own condemnation. Of course, if the College did not demand from him, and publish, a satisfactory explanation of the Barnard case, it would itself be likely to lose in the estimation of every one whose good opinion was worth the having. Were it not for the evil influence that his course had exerted upon the community, it would seem that Prof. Buckingham had already been sufficiently, because so very terribly, punished.

Adjourned.

EXTRAORDINARY COURSE OF THE MENSTRUAL DISCHARGE.

By W. M. James, Whitesboro', N. Y.

[*Communicated to the Society, and read Aug.* 2, 1870.]

Rachel B. Waters, aged forty-five years, is strongly built, rather below medium height, and en-

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joyed excellent health till about twenty-five years old. On the 4th of July, 1850, she was delivered by craniotomy of a large child. She had been in labor five days, with the head low in the pelvis most of the time. That was her second pregnancy. No urine was voided for three days after delivery, when suddenly the posterior wall of the bladder gave way and the urine gushed out freely. Soon after a large slough escaped from the vagina, producing a large, permanent vesico-vaginal fistula, through which all the urine escaped involuntarily. One entire year she was confined to the bed. The constant dribbling of urine kept up so much irritation, together with the extensive sloughing in the beginning, that the vaginal outlet was very much diminished in size.

Various measures were resorted to, and many skilful physicians consulted, during a period of several years. It may not be out of place, considering the importance of the case, to give some of the measures adopted.

During several months she was under the care of the late Prof. Alden March, of Albany. He repeatedly cauterized the vaginal outlet, and in a few days pared off the eschar and cauterized the surface again. This process was kept up a long time, with the idea of closing the canal by the contraction of the cicatrix. After a suitable and unsuccessful trial she abandoned the cauterizing method.

Subsequently several operations were made by Dr. Watson, of the New York City Hospital. The exact nature of the operations cannot be ascertained from the patient. They did not prove successful, and she returned to her friends in Central New York.

After an indefinite interval of rest from treatment, she consulted Dr. Sims, of New York. It was in the spring of 1858 she first saw Dr. Sims, and soon after was operated upon by him. His first operation was only partially, or not at all, successful. The precise nature of it

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I cannot tell by her statement. In the fall of 1858, Dr. Sims pared the surfaces of the vaginal outlet, and stitched them with silver wire, and succeeded in firmly closing the canal. Thus a receptacle for the urine was made, and she had as perfect control over it as of the normal bladder.

Soon after the last operation by Dr. Sims her menses re-appeared, the discharge escaping with the urine. No menstrual discharge had occurred for several years,—from the injury in July, 1850, till the fall of 1858. The length of time that the menses lasted was four days, painless, and in all respects just the same as before any mishap, except the method of escape.

Several years subsequently she continued in excellent health and spirits. Perhaps, as an illustration, it may be well to state that she remarried, having lost her first husband.

While crossing a lane on the evening of Nov. 18th, 1867, she fell into an open well several feet in depth. There was a piece of an old pump in the bottom of the well, several feet in length, upon the end of which her left hip struck. She was removed from the well, and in a few days so far recovered from the injury that she returned to her usual duties.

Two weeks after the fall her menses returned, and only a small portion of the discharge escaped with the urine. A new outlet was formed by the menstrual fluid burrowing down to the left and posterior to the rectum, where a large, soft tumor appeared. It was near the anus, and extended upon the left thigh. The swelling in a few days opened and discharged several ounces of blood. No further discharge followed till the menstrual flow returned, when the blood escaped as before mentioned. At each succeeding period the discharge of blood was less in the urine, and more by the fistulous opening upon the left thigh.

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The fistulous canal made her case interesting to such an extent that, after several months, she was induced to be operated upon. The surgeon made the usual operation for fistula in ano, by cutting all clean from the canal into the rectum.

The next monthly flow occurred as usual, and sought the same old channel. What particular object the surgeon had in view by the operation mentioned, under the existing circumstances, does not appear.

Some time in May, 1870, Mrs. W. presented herself to me, and gave the above facts in her case. Upon inquiry, I learned that she had been quite irregular during the past year. She had menstruated, or flowed, at intervals varying from one to four weeks, and the duration of the discharge was much longer than normal. Sometimes she was two weeks flowing, and the amount was quite large. The longer she flowed, the more she suffered from pain at the time. Previous to the closure of the exit by the bladder she experienced but little pain while menstruating.

The vagina is completely closed, and the urine is under perfect control. The abdominal walls are so fleshy that no uterine tumor can be felt. By means of a catheter in the bladder one cannot touch the uterus. A probe can be inserted several inches to the left and posterior to the rectum, into the fistulous canal. At a later period I opened the swelling that appeared at each period of flowing, and found nothing but dark blood, such as attends menstruation.

The point of discharge is one and a half inches from the verge of the anus. Considering she would soon be relieved, by nature's process, of the annoyance from the frequent losses of blood, she was advised to avoid all sorts of operative interference. This case is certainly very extraordinary, and, so far as I can ascertain, unprecedented in the annals of medicine.

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A TABULATED STATEMENT OF THE REPRESENTATION FROM THE DIFFERENT MEDICAL INSTITUTIONS OF THE UNITED STATES, IN THE AMERICAN MEDICAL ASSOCIATION, FROM ITS ORGANIZATION IN *1846*, TO THE PRESENT TIME.*

BY J. M. TONER, WASHINGTON, D. C.

[*Communicated to the Society for publication by the American Medical Association, at its meeting of May*, 1870, *by formal vote.*]

(Concluded from November No.)

NEW YORK.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Albany City Hospital,								1													1			2
Albany County Medical Society,								4							1		1							6
Albany Medical College,	2	2		1	1		1	1	1	1		1	1		1	2	2	1	1	1	1	1	1	23
Alleghany County Medical Society,																	1							1
Alumni Geneva College,	2																							2
Bellevue Hospital,			1	2		1		2		1	1	1	1		1		1	2						14
Bellevue Hospital College,																	1							1
Bellevue Hospital Medical Union,																	2							2
Binghamton Academy of Medicine,										1							1							2
Blackwell's Island Hospital,			1																					1
Bloomingdale Asylum,	1																							1
Brooklyn City Dispensary,								1																1
Brooklyn City Hospital,											1		1		1		2		1					6
Brooklyn Medical Association,						1																		1
Brooklyn Medico-Chirurgical Society,															3		1							4
Broome County Medical Society,										1			1				2	1						5

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Buffalo General Hospital,					1															2								2
Buffalo Hospital,									1					1					1								1
Buffalo Hospital of Sisters of Charity,									1		2			2			1	1									12
Buffalo Medical Association,	1		1	1					1									1						2			2
Buffalo Medical College,																	1										1
Canandaigua Medical Society,																				1	1						2
Cayuga County Medical Society,																											2
Charity Hospital, New York,									1									2	2	1	1		1	2			9
Chemung County Medical Society,				2					3					2				3	1				1		1		13
Chenango County Medical Society,																											
College of Physicians & Surgeons, City N.Y.	3	3	2	2	1	2	2	2	1	1		1	2		2			2									26
College of Pharmacy, City N.Y.						1																					1
Columbia County Medical Society,																			1								1
Cortlandt County Medical Society,		1			1			1							1												4
Cortlandtville Medical Society,																		1									1
Delaware County Medical Society,																		1	1								2
East River Medical Association,																					2	4	1		1		8
East River Medical Society,																								1			1
Eastern Dispensary, City N. Y.										1			1	1					1						1		5
Emigrants' Hospital,						1		2																			3
Erie County Medical Society,	1	1		1	3		1	2		1	1	1	3		1	5	1								1		23
Fulton County Medical Society,																			1								1
Genesee County Medical Society,	1							1		2			1		1												6
Geneva Medical College,	1	1					1	1	1	1	1																7
German Medico-Chirurgical Society,										2																	2
Harveian Circle, City of N.Y.								1																			1
Herkimer County Medical Society,								2	1	2					1			2									8
Jews' Hospital, N. Y. City,																		1			1						2
King's County Hospital,										1	2		2	1					2								8
King's County Medical Society,	4			2	1	1		5		1			2		8			9	1	5	1	2				42
Lake Erie Medical Society,																					2	1			1		4
Lewis County Medical Society,															1												1
Long Island College Hospital,															2			2	1								5
Livingston County Medical Society,								2					1										1				4
Madison County Medical Society,	1							1		1	1		2					2	1								9

* The tables are arranged alphabetically according to States, giving the names of all the "permanently organized Medical Societies, Medical Colleges, Hospitals, Lunatic Asylums, and other permanently organized Medical Institutions of good standing in the United States, and from the Army and Navy," that have been represented, also such Foreign Medical Institutions as have sent delegates to this National Medical body. These tables exhibit, at a glance, the number that attended the several sittings of the Association, from each State, and organization of each State, and whether as delegates, permanent members, or members by invitation, in any one year, and the total of representation or attendance, from the first, with the time and place of meeting. Compiled from the printed transactions of the Association. In consequence of the war, no meetings were held in 1861 or 1862.

The footing of columns shows yearly attendance. The footing of right-hand column gives total of State representation.

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A TABULATED STATEMENT. — (*Continued.*)

NEW YORK. — Continued.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Manhattan Medical Association,				2																				2
Medical Association of Central New York,						1		9	2	3							2	2			1	1		15
Medical Association, East. Dist. Brooklyn,															3	2	2							6
Medical Association Southern Central N.Y.			1	2																				3
Medico-Chirurgical College,											1		1		1									3
Medico-Chirurgical Soc. of Ger. Physicians,		1	1	2	1	1		2	1	2	1		1		2		2			1			1	18
Medical Dept. of University of Buffalo,											1													1
Medical Department of New York,	2	3		1				2		1														9
Medical Faculty of University of City N.Y.	2																							2
Med. Fac. of Col. of Phys. & Surg., W. N. Y.			10	14																			14	38
Medical Society of the County of N. Y.	25	10										1												36
Medical Society of City and County of N.Y.																	2							4
Medical Society East. Dispensary, N.Y. City,		2						2															8	10
Medical Society, King's County, N.Y.							1																	1
Medical Society of Orange County,							1																	1
Medical Society, Onondaga County,				3																				3
Medical Society, Eastern District of State,				4																				4
Medical Society, Middle District of State,				2																				2
Medical Society, Southern District of State,					1			3		2	3			1	2		2						1	9
Members by Invitation,											1													1
Monroe County Medical Society,																								1
Montgomery County Medical Society,																							1	1
Mt. Sinai Hospital, New York City,		10	15	20	4	7	5	25	1	17	5		23	2	23	1	16	14	16	3	9	2	7	225
New York Academy of Medicine,								1																1
New York Association of German Physicians,																								

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New York County Medical Society,					6	6	7	28	2	7	2		5		13	2	23	16	11	6	15	3		152
New York City Hospital,													2											2
N.Y. City Vaccine Institution, (Not received.)		(2)																						
New York Dispensary,															1		1						1	3
New York Eye and Ear Infirmary,															1		1	1						3
New York Hospital,	1	2	2		1		1	2		2	1					1	2							15
N. Y. Kappa Lamda Soc. of Hippocrates,			1	2	2	1	2	2		1	1		1											13
New York Institution for Deaf and Dumb,								1																1
New York Lying-in Asylum,																	1							1
New York Medical Association,				1		1		2		1			2		1		2				1		2	13
New York Medical College,						2	2	2	1	2	1		1				2							13
New York Medical and Surgical Society,	3	4	1	1	2	1		3					1		1		3						1	21
New York Medico-Legal Society,																					1	1		2
New York Medical Union,																	2							2
New York Obstetrical Society,																	1	2	1	1			1	6
New York Ophthalmic Hospital,										1			1	1	1		2	2	1					9
New York Pathological Society,		3	1	4				8		4			2		4	1	11	10	3	2	2		4	59
New York Preparatory School of Medicine,																								1
New York Society for Medical Improvement,								1							1									1
New York Society of Statistical Medicine,										1	2		1											4
New York State Emigrant Hospital,										2				1			2				1			6
New York State Hospital for Insane,															1			1						2
New York State Medical Society,	16	15	4		6		4	15	2	3	2		7	3	20	6	23	9	10	5	8	3	19	180
Niagara County Medical Society,																1	1	1	1	1	1			6
Northern Dispensary N. Y. City,																	2	1					2	5
North Western Dispensary,													1		1		1							3
North Western Med. and Surgical Society,																							1	1
Nursery Hospital, Randall's Island,															1		1							2
Oneida County Medical Society,				5	1					2	3		1	1	7		6	5	2		1		1	35
Onondaga County Medical Society,								1							2		5							8
Ontario County Medical Society,			2	1		1		2					1		1		4	2	1				1	16
Orange County Medical Society,											1						1				1			3
Oswego County Medical Society,				1				1		1					1		2						1	7
Otsego County Medical Society,																1	1						1	3
Permanent Members,				2			1	21		8	2		10	1	17	2	40	17	6		4		6	143
Quarantine Hospital,																	1							1
Queen's County Medical Society,											1				2		1							4
Rensselaer County Medical Society,		2		2			3	4													1	1	5	18
Richmond County Medical Society,										1	1				1		2							5
Rochester Medical Society,											2		1											3
Sailors S. Harbor Institution, Staten Island,								1																1
Saratoga County Medical Society,				2				3																5
Seaman's Retreat, Staten Island,																				1				1
Society of Medical Inquiry, N. Y. City,								1																1
Society of German Physicians,										1					1									2
Southern Cent. New York Med. Associates,											3				3									6
St. Joseph's U. S. A. Gen. Hosp. N.Y. City,																	2							2
St. Luke's Hospital, N. Y. City.																	2							2

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A TABULATED STATEMENT. — (*Continued.*)

NEW YORK — (Continued.)

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
St. Mary's Hospital, Rochester,																	1							1
St. Vincent's Hospital, N. Y. City,													1				1							1
Sullivan County Medical Society,																				1				1
Tioga County Medical Society,															2		1							3
Troy Medical Association,		1	1	1																				3
Tompkins County Medical Society,																	1							1
Ulster County Medical Society,															2						1			3
University Medical College, [Co's.													1		1		2	1	2	1	1			9
Union Med. Ass. Saratoga, Wash. & Warren																	5	3						8
United States Gen. Hosp. and Ladies' Home,																	2							2
Warren County Medical Society,																		1						1
Washington County Medical Society,				1							1		1							1				4
Wayne County Medical Association,															2								2	4
Wayne County Medical Society,			1	1		1	1	1	1	2	1		1				3							13
Westchester County Medical Society,								1		1			1		4		6	2			1			16
Williamsburgh Medical Society,								1																1
Woman's Hospital,													1		1		1	1	1				1	6
	66	61	45	86	31	29	33	180	14	81	46	5	91	12	148	26	248	108	66	32	62	14	90	1574

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NEW HAMPSHIRE.

Central District Medical Society,	2			4	2			4			1						1	5	1				13
Connecticut River Valley Med. Association,				1				1					1										7
Grafton District Medical Society,				2				2						1	2								6
Manchester Medical Association,		1	1					2				1	2										6
Manchester Pathological Association,				2											1								2
Medical Department Dartmouth College,																							
Medical Society of the Western District,				2																			1
Merrimack County Pathological Society,																							
Moose-hillock Medical Association,				2													1						2
New Hampshire Medical Association,		5	8	17			1	4	1	2	2	1	6	1	6		3	11	1		1	1	25
New Hampshire Medical Institute,				11				1					2		1			10					24
New Hampshire Medical Society,				3									1										4
New Hampshire State Medical Society,				3				1		1								4					9
Permanent Members,																	1	1					2
Southern District Medical Society,																							
Stafford District Medical Society,																							
White Mountain Medical Society,																							
	2	6	9	45	2		1	13	1	3	3	1	8	2	12		6	31	2		1	1	149

NEW JERSEY.

Burlington County District Society,							1	1		3					1								6
Burlington County Medical Society,			5										4		1		1	1				1	13
Camden County District Medical Society,				1				1	1	2			1										6
Camden County Medical Society,			1		3	2	3											1	1		1	1	13
Camden City Medical Society,										1			1				1						3
Cumberland County District Medical Society,										3													3
Cumberland County Medical Society,													2		1								3
District Medical Society of Burlington,		2																					2
District Medical Society of Cumberland,				1			2																3
District Medical Society of Morris County,				2																			2
District Medical Society of Salem County,			1																				1
District Medical Society of Monmouth,															1								1
Essex County District Medical Society,										2					6								8
Essex County Medical Society,						1											2			1			4
Essex County Medical Union,																	1						1
Essex District Medical Society,				2			1	3	1		1		4						3				15
Gloucester County District Medical Society,										2													2
Gloucester County Medical Society,			1	1	1	1	1						2								1	2	10

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A TABULATED STATEMENT. — (*Continued.*)

NEW JERSEY. — Continued.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Hudson County Medical Union,										3					1		2		2					8
Hunterdon County District Med. Society,			1	1				3		6	3				1	1	2		7	1	1		1	12
Hunterdon County Medical Society,	2	8											1		4					3	4		3	38
Medical Society of New Jersey,										2					1		5							8
Members by Invitation,													1		1									2
Mercer County Medical Society,																								1
Mercer County District Medical Society,																								2
Monmouth County Medical Society,																								7
Morris County Medical Society,								3																3
New Jersey State Medical Society,			2	2	1	1	1	4	2		1	2	6	5	4	1	10	1		1				41
Newark Medical Association,																								2
Newark Medical Society,			1	1									1							1				1
Passaic County District Medical Society,				1			1	10		3			1				1		2		2			3
Permanent Members,			1					1			1						1							21
Salem County Medical Society,										2			1		3	1	1	4			1		2	1
Somerset County Medical Society,								2							1									3
Sussex County Medical Society,										1														6
Sussex District Medical Society,								1																11
Union County Medical Society,																								2
Warren County District Medical Society,																								2
Warren County Medical Society,																								2
	2	10	13	12	5	5	10	29	4	30	6	2	25	5	25	3	28	7	15	6	10		12	264

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NORTH CAROLINA.

Albemarle Med. and Philosophical Society,							1																		1
Craven County Medical Society,													1												1
Edgecomb Medical Society,						1				1															1
Members by Invitation,											1	1													2
North Carolina State Medical Society,				1	1	5	3			4		7	1	1									1		24
Orange County Medical Society,					1																				1
Piedmont Medical Society,						1	1																		2
				1	2	7	5			5		1	9	1	1								1		33

OHIO.

Academy of Medicine, Cincinnati,													4	2	2	2	5	5	6	10	8	2	1	47
Allen County Medical Society,																				1				1
Athens, Morgan & Washington Co. Med. Soc.											2		1	1										4
Belmont Medical Society,																							3	3
Belmont County Medical Society,			2		2				1												1			5
Bellefontaine Medical Society,																								1
Brown County Medical Society,																				1				1
Butler County Medical Society,																				2				2
Cincinnati Hospital,																							1	1
Cincinnati Medical Association,																				1				1
Cincinnati Medical College,							1						1	1						2				5
Cincinnati Medical Library Association,							2													2	1	1		6
Cincinnati Medical Society,								3	4	2				2										11
Champaign County Medical Society,																	1			3				4
Clermont County Medical Society,																				3				3
Clermont Medical Association,														1										1
Clinton County Medical Society,										1										2				3
Commercial Hospital, Cincinnati,					2	1	1			1			2	2						2				11
Delamater Medical Association,															1					3				4
Darke County Medical Society,											1			1						1				3
Eaton Medical Society,					4																			4
Erie County Medical Society,					2	1	2	1		1	3		1	1		1			1	1		1	1	17
Franklin County Infirmary,					1																			1
Fairfield County Medical Institute,					4																			4
Good Samaritan Hospital, Cincinnati,																				2				2
Green County Medical Society,					2								2											4
Hardin County Medical Society,									1		2	1		1						2		1		8
Hamilton County Insane Asylum,														2										2
Hamilton County Medical Society,					4	1																		5

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A TABULATED STATEMENT. — (*Continued.*)

OHIO.— (Continued.)

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Highland Medical Society,							1																	1
Hospital Medical College, Cin.,																				1				1
Hotel for Invalids,					1																			1
Iron Region Medical Association,					2																			2
Lebanon County Medical Society,					3																			3
Marion County Medical Society, [Co's.					1																			1
Med. Ass. of Adams, Brown and Claremont					4																			4
Medical Club of Lebanon,					1																			1
Medico-Chirurgical Society of Cincinnati,		1	3	2	9	3	1		5	2	2													28
Medical College of Ohio,			1	2	2					1	1		1	2		1			1	2	2	1		17
Medical Department West. Reserve College,			1					1																2
Medina County Medical Society,											2		1											3
Members by Invitation,			1		9				1	2	4	1		2						26				46
Military Asylum.																				1				1
Miami Medical Association,																				2				2
Miami Medical College,								2	2	2	2								1	2	1	1	1	14
Miami Drake Medical Society,																				4				4
Miami County Medico-Chirurgical Society,											2													2
Montgomery County Medical Society,					4				2		2	1		3					1	3	2			18
Morgan County Medical Society,											1													1
Mount Vernon Medical Society,																							2	2
Muskingum County Medical Society,					1															1			1	3
Newberg Lunatic Asylum,														1	1									2
Ohio College of Dental Surgery,					1																			1

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Ohio Lunatic Asylum,			1	1	7						7														8
Ohio Medical Convention,		1			7		1	1	1	12	20	3	8	9	3	1	6	2		24		3	4		106
Ohio State Medical Society,			1		7						1		5	11	1	2	1		1	31	5	2	5		84
Pathological Society of Cincinnati,			1																						2
Permanent Members,					14			3	1	1	1		5	11	1	2	1			31	5	2	5		84
Ross County Medical Society,					3																				3
Richmond County Medical Society,					1																				1
Scioto County Medical Society,														1						2	2		1		6
Scioto Valley Medical Association,					3																				3
Society of Physicians and Surgeons,														2											2
Stark County Medical Society,											1														1
Starling Medical College,			2	1	2	1		1	1	2							1			2					13
State Lunatic Asylum,								1												1					1
St. John's Hospital,																									1
St. Luke's Hospital, Cincinnati,																				1					1
St. Mary's Hospital,																				2					2
Toledo Medical Association,																1	1		1	2			1		6
Union Med. Association, Northern Ohio,											1														1
Warren County Medical Society,														1											1
Washington Park Hospital,																		1							1
Wayne County Medical Society,					1		1		2	1						2		1				1			9
Western Reserve Hospital,														1											1
Willoughby Medical College,		1																							1
		3	13	6	97	7	10	13	21	28	48	6	26	47	8	10	15	9	12	145	22	13	21		580

OREGON.

Med. Department Willamette University,																							1		1

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A TABULATED STATEMENT. — (*Continued.*)

PENNSYLVANIA.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.*	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Alleghany County Medical Society,					4			1		1								1	4	3	6	2		22
Alleghany Medical Society,																							6	6
Alumni Castleton Medical College,															1									1
Association of Med. Fac., City of Lancaster,								2																2
Beaver County Medical Society,											1									1	1		1	4
Berks County Medical Society,											1								1		2		2	6
Blair County Medical Society,										1			1				2			1	1	1	2	9
Blockley Hospital,														1										1
Bradford County Medical Society,															1	2	2						1	8
Bucks County Medical Society,				1	1					2	1						3	1	2		1			10
Cambria County Medical Society,								1		1														2
Center County Medical Society,		2																						2
Children's Hospital, Philadelphia,													1											1
Charity Hospital, Philadelphia,																	1	1	1					3
Chester County Medical Society,			3	3		4		5	1	4			3	1	1		2	2	2		1		2	34
City Hospital,										1			1											2
College of Physicians, Philadelphia,		15	9	10	5	10	10	12	1	12	1		7	1	4		4	2	7	2	8	1	6	127
Columbia and Montour County Med. Soc.,																							1	1
Crawford County Medical Society,																				2	2		1	5
Cumberland County Medical Society,																						1		1
Dauphin County Medical Society,																			1		2		2	5
Delaware County Medical Society,							1	1		2								1						5
Erie County Medical Society,																				2			1	3
Fayette County Medical Society,																							1	1

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Franklin Medical College,		3	2																					5
Hospital of the Protestant Episcopal Church								1		1			1											3
Huntingdon County Medical Society,										2	2						2							6
Indiana County Medical Society,																					1			1
Insane Department Philadelphia Hospital,															1		1		1	1				4
Jefferson Medical College,		3	2	2	2	2	2	2		2		1	1							1	2		2	24
Lake Erie Medical Society,																					1			1
Lancaster City and County Medical Society,		7	5	4	5	3	4	11	6	7	5	1	6		2				4		1			71
Lancaster City Medical Association,													1											1
Lancaster County Hospital,			1	1		1	1	2		2	1		2											11
Lancaster County Medical Society,																				2			3	5
Lebanon County Medical Association,															1									1
Lebanon County Medical Society,		1								1					1			1						4
Lehigh County Medical Society,										1														1
Lycoming County Medical Society,																		1	1				1	3
Medical Department Pennsylvania College,	2	3	2	1	1			2	1	2	1		2											17
Medical Institute of Philadelphia,		1	1	1			1	1																5
Medical Society of the State of Pennsylvania,			4	5	4		4	4	2	9	3	1	10	2	4	1	3	5	8	3	6	3	6	87
Mercer County Medical Society,					1																			1
Med. Soc. of City of Reading and Co. of Bucks								1		4	2		3		3	1	3	1						18
Medico-Chirurgical College of Philadelphia,							2	1	2															5
Members by Invitation,		2								1			1											4
Mifflin County Medical Society,										1														1
Monroe County Medical Society,					1																			1
Montgomery County Medical Society,		3		2				4	1	4			1										2	17
Moyamensing Dispensary,				1																				1
Moyamensing House of Industry,										1														1
Northampton County Medical Society,								1		3							1	1	1		2		1	9
Northern Dispensary of Philadelphia,			1										1		2		1		1		2		1	9
Northern Med. Association of Philadelphia,		12	3	2		2	1	4	1	5			4		1	1	3	1	3		1		3	47
Pathological Society of Philadelphia,													2				1	1					2	6
Pennsylvania Hospital,			2						1	2							2							7
Permanent Members,								1	1	21			9	2	1		3	3	5	2	3	1	7	59
Perry County Medical Society,																			1	1	1		1	4
Philadelphia Ass. for Medical Instruction,			1	1	1	1	1	1	1	1			1											9
Philadelphia City Medical Society,				6																				6
Philadelphia College of Medicine,		2	1	1				1		2			2											9
Philadelphia County Medical Society,				6	2	13	5	12	1	22	2	1	15	2		2	9	7	11		6	1	6	123
Philadelphia Dispensary,			1							1			1		1									4
Philadelphia Hospital, Blockley,										2	1						1		1		1			6
Philadelphia Hospital Medical Society,																							4	4
Philadelphia Lying-in Charity,													1											1
Philadelphia Medico-Chirurgical Society,										1														1
Philadelphia Medical Society,	12	12	9											1	8		5							47
Reading Medical Association,															1									1
Schuylkill County Medical Society,			1					1		2					1				1				1	7
St. Joseph's Hospital,					1	1	1	1		1			1											6
Susquehanna County Medical Society,															2	1	2						1	6

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A TABULATED STATEMENT. — (*Continued.*)

PENNSYLVANIA. — Continued.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Union Medical Association, Philadelphia,																					2	1	3	6
University of Pennsylvania,		3	2	2		1	2	2	2	2	1						1	1		1		1	2	23
Venango County Medical Society,																1							2	2
Wayne County Medical Association,							1																	1
Westchester County Medical Society,																							1	1
Westmoreland County Medical Society,																								1
Western Clinical Infirmary,										1			1											2
Wills' Hospital,				1						1														2
Williamsport City Medical Society,																							1	1
York Army Hospital,																1								1
York County Medical Society,			1					1		1														3
	14	69	51	50	28	38	36	76	21	130	22	4	79	10	36	10	52	30	56	22	52	12	76	974

RHODE ISLAND.

Permanent Members,				1				2		1					4		3	10	2		1			24
Providence Medical Association,				3	1	1	1	2		2			3		2		2	3		3	2			25
Rhode Island Medical Association,																		6						6
Rhode Island Medical Society,		2	4					10	1				6	1	7				1	3	5			40
Rhode Island State Medical Society,	1			10	2	5	4	1		5	1						6					2	2	38
United States Marine Hospital,							1																	3
	1	2	4	14	3	6	6	15	1	8	1		9	1	13		11	19	3	6	8	2	2	135

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SOUTH CAROLINA.

Alms-House Hospital,						1				1												1
Charleston Medical Institute,																						1
Colleton District Medical Society,								1				1	1									3
Columbia Medical Society,										1			1									2
Faculty of Medical College, South Carolina,									2													2
Georgetown District Medical Society,						1																1
Marine Hospital, Charleston,						1		1														2
Medical College of South Carolina,					1	2	2							1								6
Medical College of the State of S. C.,		1						1		2	2											6
Medical Faculty of South Carolina,				2																		2
Medical Society of South Carolina,		3		1		7	4	5	4	2			1		2						3	32
Members by Invitation,													1									1
Orangeburgh District Medical Society,						3																3
Pee Dee Medical Association,						1																1
Permanent Members,						8				1					1						1	11
South Carolina Medical Association,			2	3	1		7	5	2	10	4		6	4								44
South Carolina State Medical Association,						21						1										22
South Carolina State Medical Society,			1									2	3									6
University of South Carolina,																					1	1
York District Medical Society,						1																1
		4	3	6	2	46	13	13	8	17	6	4	13	5	3						5	148

TENNESSEE.

City Hospital, Nashville,														1								1
Davidson County Medical Society,												2										2
East Tennessee Medical Society,												5										5
Giles County Medical Society,												2										2
Hamilton Medical Association,												1										1
Hardeman County Medical Society,												1										1
Knox County Medical Association,												1										1
Marshall County Medical Society,												1										1
Medical Dept., University of Nashville,						1		2	2			2										7
Medical Society of East Tennessee,				2		2																4
Medical Society of Nashville University,				1								5	2									8
Members by Invitation,									1			12		1								14
Memphis Charity Hospital,														1								1
Memphis Medical College,							1		2	1				2								6
Memphis Medical Society,								1				2			1							4
Memphis Medical Association,									1				2	2	1							6
Montgomery County Medical Society,					2							2		1								5
Nashville Medical Society,									1			1							1		1	4
Permanent Members.										1		4		1	1	1				1		9

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A TABULATED STATEMENT. — (*Continued.*)

TENNESSEE. — (Continued.)

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Rutherford County Medical Society,												3		2										5
Shelby Medical College,														2										2
Sumner County Medical Society,									1			2		1										4
State Hospital,												1												1
State Hospital for Insane,													1											1
St. Vincent's Hospital,														1										1
Tennessee Hospital,												2							1					3
Tennessee Medical Society,	1							1										1				1	4	8
Tennessee State Medical Association,		1			2	1			3		2	21	5	4	3				3	2	2			43
Tennessee State Medical Society,			3				1			1	2								1			2	1	8
University of Nashville,										1	2	3												6
Williamson County Medical Society,																								
	1	1	3	3	4	4	2	4	11	4	4	73	10	19	6	1		1	5	3	3	4	5	171

TEXAS.

Galveston Medical College,																			1	1		1		3
Galveston Medical Society,																						3	1	4
Montgomery County Medical Society,																							1	1
Waco Medical Association,																							1	1
Washington County Medical Society,																						3		3
Washington County Medical Association,																							1	1
																			1	1		7	4	13

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UNITED STATES ARMY.

Medical Department of U. S. A.,		1			1	1		3	2		1		2	1		6	3	6	3	1	5	3	4	43

UNITED STATES NAVY.

Medical Department U. S. N.,							1	2	1	4			2		1	4	4	4	3	2	4	3	4	39
Permanent Member,																							1	1
							1	2	1	4			2		1	4	4	4	3	2	4	3	5	40

VERMONT.

Addison County Medical Society,				1							1												2
Alumni Castleton Medical College,	4	1	1					1															7
Caledonia County Medical Society,				1														1					2
Castleton Medical College,		1	1	2				2		1					2								9
Connecticut River Valley Med. Association,															2		4	7					13
Franklin County Medical Society,																		1					1
Grafton District Medical Society,										2	2												4
Med. Department of University of Vermont,															1			1	1				3
Orange County Medical Society,				3																			3
Orleans County Medical Society,																		4					4
Permanent Members,								2							1			8			1		12
Rutland County Medical Society,				2																			2
Vermont Asylum for Insane,				1																			1
Vermont Medical College,	1	1		2						1													5
Vermont Medical Society,	4	1	2												2						1		10
Vermont State Medical Society,				19	1			3		1			1		3	3	6	17	2	1			57
White Mountain Medical Society,																		1					1
Windham County Medical Association,				2																			2
	9	4	4	33	1			8		5	3		1		11	3	10	40	3	1	2		138

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A TABULATED STATEMENT.—(*Continued.*)

VIRGINIA.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Alexandria Medical Association,							1						2											2
Alexandria Medical Society,							1																	1
Buckingham County Medical Society,							2																	1
Chapman Medical Society,							1																	2
Clark County Medical Society,								1																1
Culpepper County Medical Society,							1																	1
Culpepper Medical Society,							2																	1
Fredericksburgh Medical Society,		1	2				1																	5
Gloucester County Medical Society,							2																	1
Greenbriar Medical Society,							1																	2
Greensville Medical Society,							1																	1
Hampden Sidney Medical College,						1	2	1																4
Loudon Co. Auxiliary Medical Society,						1	1																	3
Loudon County Medical Society,				1																				1
Louisa County Medical Society,			1				3																	3
Lynchburgh Medical Association,								3		2			1	1	2						2		3	7
Medical College of Virginia,																							1	15
Medical Convention of Virginia,		9	4	2				3																3
Medico-Chirurgical Society of Richmond,							43	10	1					1										1
Medical Society of Fauquier County,																								1
Medical Society of Washington County,		3																						63
Medical Society of Virginia,	6						2							1										1
Medical Society of Petersburgh,							2																	2
Medical Society of So. Western Virginia,					1																			3
Medical Society of the Valley of Virginia,		1	1		2					1			1											6
Members by Invitation,			1	2			2																	6
Norfolk Medical Society,																								

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Ohio County Medical Society,			2		2		9	1		1			2	1		1									4
Permanent Members,							3			3			3												15
Petersburgh Medical Faculty,		1					3																		10
Pittsylvania Medical Society,							3																		3
Prince Edward County Medical Society,										2															2
Randolph Macon Medical College,			•				1																		1
Richmond Academy of Medicine,																							4		4
Soc. of Alumni, Hampden & Sidney College,						4	8	2																	14
University of Virginia,			1				2			2															5
Virginia State Medical Society,					2	6				5			8			1									22
Winchester Medical College,			2	1	2	1	2			2			2												12
	6	15	14	6	9	13	95	18	1	18			19	3	3	1					2		10		233

WASHINGTON TERRITORY.

Members by Invitation,																	1								1

WEST VIRGINIA.

Med. Soc. of City of Wheeling & Co. of Ohio,																						1	2		3
Medical Society of West Virginia,																			2	2		2	8		4
Medical Society of State of West Virginia,																			3	1			3		10
Permanent Members,																			1						7
Wood County Medical Society,																									1
																			6	3	3	13			25

WISCONSIN.

Central Medical Association,														1											1
Dane County Medical Society,											2														2
Iowa County Medical Society,																					3				3
Members by Invitation,					1										2										3
Milwaukee City Medical Association,									1													1			2
Milwaukee Medical Society,									1		1			2				1							5
Milwaukee Infirmary,																1									1
Mineral Point Medical Society,																		1							1
Permanent Members,												1			4	1		1							7
Racine Medical Association,															1						1			1	3
Rock River Medical Society,			1																						1
Western Medical Society,								1																	1
Wisconsin State Medical Society,							2	2	3	5	1			1	2	1						1	1		19
			1		1		2	3	5	7	2	1	1	3	9	3		3	4		2	2			49

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A TABULATED STATEMENT. — (*Continued.*)

VIRGINIA.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Alexandria Medical Association,													2											2
Alexandria Medical Society,							1																	1
Buckingham County Medical Society,							1																	1
Chapman Medical Society,							2																	2
Clark County Medical Society,							1																	1
Culpepper County Medical Society,								1																1
Culpepper Medical Society,							1																	1
Fredericksburgh Medical Society,		1	2				2																	5
Gloucester County Medical Society,							1																	1
Greenbriar Medical Society,							2																	2
Greensville Medical Society,							1																	1
Hampden Sidney Medical College,						1	2	1																4
Loudon Co. Auxiliary Medical Society,				1		1	1																	3
Loudon County Medical Society,			1																					1
Louisa County Medical Society,							3																	3
Lynchburgh Medical Association,																					2		3	5
Medical College of Virginia,										2			1	1	2								1	7
Medical Convention of Virginia,		9	4	2																				15
Medico-Chirurgical Society of Richmond,								3																3
Medical Society of Fauquier County,																							1	1
Medical Society of Washington County,																							1	1
Medical Society of Virginia,	6	3					43	10	1															63
Medical Society of Petersburgh,														1										1
Medical Society of So. Western Virginia,							2																	2
Medical Society of the Valley of Virginia,					1		2																	3
Members by Invitation,		1	1		2					1			1											6
Norfolk Medical Society,			1	2			2																	5

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Ohio County Medical Society,			2		2		9	1		1			2	1		1									4
Permanent Members,							3			3			3												15
Petersburgh Medical Faculty,		1					3																		10
Pittsylvania Medical Society,							3																		3
Prince Edward County Medical Society,										2															2
Randolph Macon Medical College,			•				1																		1
Richmond Academy of Medicine,																							4		4
Soc. of Alumni, Hampden & Sidney College,						4	8	2																	14
University of Virginia,			1				2			2															5
Virginia State Medical Society,					2	6	5			5			8		1										22
Winchester Medical College,			2	1	2	1	2			2			2												12
	6	15	14	6	9	13	95	18	1	18			19	3	3	1					2		10		233

WASHINGTON TERRITORY.

Members by Invitation,																	1								1

WEST VIRGINIA.

Med. Soc. of City of Wheeling & Co. of Ohio,																				2	2	1	2	3	
Medical Society of West Virginia,																						2	8	4	
Medical Society of State of West Virginia,																				3	1		3	10	
Permanent Members,																				1				7	
Wood County Medical Society,																								1	
																				6	3	3	13	25	

WISCONSIN.

Central Medical Association,														1										1	
Dane County Medical Society,										2														2	
Iowa County Medical Society,																			3					3	
Members by Invitation,					1											2								3	
Milwaukee City Medical Association,								1														1		2	
Milwaukee Medical Society,								1			1			2			1							5	
Milwaukee Infirmary,																1								1	
Mineral Point Medical Society,																	1							1	
Permanent Members,												1			4	1	1							7	
Racine Medical Association,															1				1			1		3	
Rock River Medical Society,			1																					1	
Western Medical Society,									1															1	
Wisconsin State Medical Society,							2	2	3	5	1			1	2	1						1	1	19	
			1		1		2	3	5	7	2	1	1	3	9	3		3	4		2	2	49	

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EDITORIAL NOTES.

A YEAR AGO this day we marked the commencement of another Christian as well as secular year.* We exchanged kindly salutations with our friends; and to our enemies, none of whom we ourselves would look upon as such, we offered reconciliation. Some of them accepted the opportunity; they were wise. That all have not seen fit to do so, none can regret, for their sakes, more sincerely than ourselves.

Advent, Christmas, New Year's,—they are sacred times to us all, alike as physicians, and as ever sinful men. "Ubi tres medici, ibi duo athei," is an often repeated libel upon our profession, and there are many persons who believe it to be true. But how can an anatomist, with God's handwriting ever before him, or a surgeon, with God's constantly repeated miracle following each stroke of his knife, or a physician, if faithful to his trust, the nearest reflection of God,—how can these ever deny their Creator, Preserver, and Guide?

Are we pointed to alleged spontaneous generation? What are infinite minuteness of cell and spore life, or extreme vicissitudes of heat and of cold, to Him with whom the round world that we inhabit, and the very universe itself, are less than the mote sparkling in the sunbeam?

Are we told by Owen that "Vital forces are only ordinary physical force, and inanimate matter is made into living beings by conversion of chemical into so-called vital action,"—that thought is but the expression of chemical reactions, and the soul a mocking phantom,—like the aurora, the offspring of an intelligible alchemy? With Huxley, we say that even were these statements

* See this Journal, January, 1870, p. 64.

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substantially true, they do not lead towards materialism, and that materialism is in itself "a grave philosophical error." Jacob's ladder still points towards heaven.

Is it His Word that is challenged, — the same yesterday, to-day, and forever? Are we confronted with the truths of geology, the diversity in the tribes of men, and the progressive decays and creations of types of being? But is not each of these the work of His hand?

There are few physicians who do not accept what is known as natural religion. It is the truths of Revelation upon which so many stumble and fall, — to their own constant, even though silent, regret. We speak of these things plainly, — foolishly so, it may be deemed by some. We, however, think otherwise. If at this sacred Christmas time we can, by any feeble word of ours, cause the Christ to be born in the heart of any weary or sorrowing professional brother, — if but to a single soul it is granted us to bring the glad tidings of great joy, then we shall indeed be repaid for any misinterpretation. To have said the word in season, how good is it! A free-thinking, restless, unbelieving man, his professional first plans thwarted, the best hopes of his life one after another disappointed, his every year a continual and fruitless battle with himself, the world, the flesh, and the devil, — there came to him in his mature manhood that great conviction which alone can give one rest or peace. Many long months since then have gone by. Long, do we say? They would have seemed long in that unquiet past. There are readers of ours who know, through experience, the rest and peace of which we have spoken. There are others to whom we pray that they may come.

But we shall at once be asked, here in Boston, have you yourselves forgiven those who have so despitefully used you? Would you yourselves wreak vengeance?

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We reply, that for forgiveness there must be repentance. We cherish no malice, excepting no man. It is abuses that we correct, not individuals. We have our work to do, not for ourselves nor the Society merely, but for Gynæcology. There are those now aiding us who were once our ill-wishers; without act of our own, save to forgive when they came penitent, they now strengthen our hands. We would that it were so with others. They would be cheerfully welcomed.

And so, to all, we wish A MERRY CHRISTMAS AND A HAPPY NEW YEAR!

H. R. S.

WE HAD NOT IMAGINED that Dr. Joseph H. Warren, of this city, would be supposed to have written our Editorial Notes, or that he would be likely to be thought in any way accountable for them. We are told, however, by the gentleman that he fears lest some indefinite person, or persons, may be moved to make him our scape-goat, banish him with objurgation to a professional wilderness, and otherwise bring him to personal grief.

Under these circumstances, we hasten to relieve Dr. Warren's mind from its anxieties, and to publicly say, supererogatory though it may be, that he has had nothing whatsoever to do with the editorial conduct of this Journal, that his attitude is one of pure and perfect negation, and that therefore it were wrong to menace or make faces at him. We would not for the world seem to stand in the way of his appointment to the Massachusetts General or City Hospital, the Medical College, or any other position that may conditionally have

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been offered to him, or to which he may modestly aspire.

Having said thus much, one word more. Our readers of course understand, as do all our immediate associates, that so far as this Journal is concerned, at the page preceding the editorial portion of each number, the responsibility of the members of the Society entirely ends. This we state spontaneously. We do not know that there is one of these gentlemen, save the person to whom we have referred, and perhaps one other, who would think it necessary for us to be at the trouble to formally declare a self-evident fact.

In more than one instance already has the Society, as a body and by formal vote, volunteered its great moral support to measures that have been discussed in these editorial columns. More than once has it sprung to our defence when unjustly assailed. For the thousand marks of cordial sympathy that we have received from its members, and of respect for our opinion upon questions concerning which they had to that moment no personal knowledge, or of whose every aspect they were not in the position to judge, we are deeply grateful. There was a time when we stood alone in our native city, without one man, so far as we could judge, to stand by or succor us. And now we find ourselves surrounded by an army of friends, — for the members whom we daily meet are but the representatives of many times their number, the distant gynæcologists affiliated with the Society, — from whom we receive constant expressions of encouragement. We appreciate, indeed, the change. Those at a distance have little idea of the inducements that have been held out to Active Members to desert their post, and the denunciations that they have received for refusing to do so. Peculiarly unpleasant is the position of those of them holding professional ap-

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pointments, of whatever kind; and yet peculiarly gratifying it must be to them after all. For, marked men as they are from their very prominence, any dishonorable means that may be taken to injure or degrade them will be sure to be seen in its true light by the profession, and to react in their own honor.

One, Two, Three, — the editors. But just as these do not shelter themselves behind their fellow-members, as the opponents of the Society would be glad to have them to do, so in the same manner does Number Two desire that for whatever unpleasant word may occasionally have to appear in these Notes, when the mirror is being held to Nature, neither Number One, an older man than himself, — nor Number Three, a younger, — shall be spoken of with unkind epithet. So far, on the other hand, as concerns the agreeable and acceptable things that may be written, — and he trusts that to present such may soon be his only duty, — let full credit be given to his colleagues, for they are gentle-men. Conjoined, we shall endeavor to make the Journal, as a scientific exposition of the specialty, a necessity to every practitioner. Into it we have aimed to infuse a little of that missionary spirit, the old martyr-leaven, men may call it, which kindles wherever it goes, in Florida or on the upper Saskatchawan, a responsive flame of interest in, and of work for, the advance of Gynæcology.

It moves at last, and will soon be afloat again, quick to feel and to obey, what has so long been absent, its legitimate governing hand. The tide has reached it, and, whether it will or no, it is being lifted from the bed that has so long held it seemingly inextricable. Is it a

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worthless old hulk, breaking up from sheer decay and neglect, hard ashore and abandoned to its fate? There was too good stuff in it for that, so thought the underwriters' agents, and they aroused the sleepers on board to their only possible way of escaping destruction.

Is it a merchantman or a man-of-war, this craft of which we are speaking? — a peaceful trading-vessel, that has taken on and discharged its cargoes, occasionally, it is true, somewhat damaged, for many long years. In the course of time the skipper, grown bold and venturesome through very impunity, mistook his lights and ran her ashore. There she lies, shivering with the motion that is bringing her safety.

What is the name of the valuable craft in question? The M. S. of H. U. And why do we say so exultingly, "It moves, at last!" and speak so confidently of its being saved? Let those who are interested look on for a moment, and they will see for themselves.

No topic at this time interests, or for many years back has interested, the medical profession so much as the general question of medical education. The standard of requirement in this country has been confessedly a low one, and, as time has passed, but little has been done to improve it. The American Medical Association, keenly alive to this important necessity, as to so many others pertaining to the great body of practitioners that it represents, now numbering, we are informed by Dr. Toner, of Washington, no less than seventy thousand,* has from its very inception been constantly endeavoring to get at the heart of the problem, but till of late in vain. The reason of this non-success is very evident. The puzzle had been placed in hands that were adroit in tying, but slothful to loose, its strings; that is to say, the Standing Committees upon Medical

* The fact appears from the returns of the Internal Revenue Assessors.

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Education, appointed with so much zeal and solemnity every year, were chosen, far too frequently, from among the teachers themselves. We have no doubt that of these gentlemen, very many have been sincerely anxious to co-operate with the profession at large; but there's a law governing poor human nature by which it becomes very natural for parties interested in the maintenance of any especial abuse, — as cheapening, by shortening, instruction, and so cheapening the quality of teachers, a price too high to pay for the chance of increasing the class at a school, — to try to find out how not to do, rather than to do, what their responsible position would seem to require of them.

Matters thus going on, so hopelessly, a few of the most earnest of the instructors determined to unite themselves for a reform. Pre-eminent among them was Prof. N. S. Davis, of Chicago, whose influence though so very great, and whose discernment though so very wise, have been together unable to consummate the end he has so desired. Convention after convention of the Medical Teachers has been held, and circular after circular, both of a public and of a private nature, has been sent about the country, with the effect of what? Of a maintenance, almost precisely, of the condition of affairs existing at the commencement of the agitation.

There have been needed but two things, and those, — a lever of sufficient length and strength, and a fulcrum of sufficient resistance. They both have been present all these years. All that has been lacking has been the wisdom and the courage to use them. Motion was needed, rest has obtained. It has been from simple vis inertiæ, often so easy a thing to overcome.

But as to the lever, so long and so strong. It does not lie in any combination of Medical Teachers for a special improvement, nor in the permanent Association

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of Medical Colleges, now determined upon by these bodies. It exists only in the all-powerful, all-reaching public sentiment of the profession itself.

It was voted by the American Medical Association, at Washington, last May, "That the Association has the power to control the subject of Medical Education in the United States, and the power to exercise that control in any manner upon which it may become agreed." * *There lies the lever.*

And as for the fulcrum. This, too, is at hand. There were sent to the Convention of Medical Teachers, in session at Washington in April last, opinions from a minority only of the medical colleges of the country, with reference to the propriety or advisability of a conjoined effort towards the improvement of Medical Education. Many of these opinions were in the highest degree creditable to the schools from which they emanated, and deserving of unrestricted praise.

Much, it was felt by the Western and Southern delegates, would depend upon the course decided upon by New England, as the fountain-head of true intellectual progress. And the New England Schools, — Dartmouth, Yale, Burlington, and Brunswick, — all of them have turned with more or less deference to Old Harvard for its decision.

That decision was as follows, rendered in 1867, and as yet not altered, the college not having taken the trouble to send even a letter, much less a delegate, to the Convention of the present year: —

"BOSTON, Sept. 23, 1867.

"MY DEAR SIR: —The circular to Medical Colleges, addressed by the Committee, was received and submitted to the Faculty. It was discussed pretty freely, but

* Transactions of the American Medical Association, vol. xxi., 1870, p. 35.

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as the propositions cannot be adopted and carried out now as a whole, it was voted to postpone the further consideration of the subject.

"With regard, truly yours,

"GEO. C. SHATTUCK.

"N. S. DAVIS, M. D., *Chairman of Committee of Medical Teachers' Convention.*" *

There lies the fulcrum, in Boston and elsewhere. Here it is not the Harvard School itself, but its traditional policy. We would save the School from every violence; but that policy, — it is under the long and strong and all-powerful lever already, and there it will remain. Moving upwards, very perceptibly, is at last the educational dead-weight of all these years, for the two great essential forces are now conjoined beneath it. And it moves forwards, also, to its work again in harmony with the real governing power, does the stranded ship, — for that power, the irresistible tide of public opinion, has reached and has claimed it.

These facts will now more clearly appear.

WEIGHTED DOWN as by a millstone, every selfish element in its composition forcibly appealed to, the Convention of Medical Teachers at Washington in 1870, as at Louisville in 1859, at New Haven in 1860, and at Cincinnati in 1867, could do, and it did, nothing. It has met again and again with the same result. And now, as if in satire of the Convention's very impotence, the institution to which we have just referred, with the gentleman whose official refusal to advance we have

* Chicago Medical Examiner, June, 1870, p. 361.

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just quoted, as its representative, has been selected in this year of our Lord 1870, to be one of the drum corps to summon together the discordant elements which, as a "Permanent Association," are expected at some time in the future to suggest some sort of a plan for some sort of an educational advance. Was this selection of Harvard College and of Prof. Shattuck, for work so extremely distasteful to them, intended as an act of poetic and very practical justice? Or was it that Prof. David W. Yandell, of Louisville, by whom, as the Vice-President of the Convention, the choice was made, being himself opposed to any change in the position of the Schools, desired to select as his drummers those most expert with the muffle? If such were the case, he could not have made a more appropriate choice.

Do we judge unkindly of the success achieved by the Teachers' Convention? Or would one err did he compare it, as a body, to that classical creature which, albeit so loudly crying, yielded but very little wool?

Perhaps we had better quote from some of our contemporaries, who are also members of the Gynæcological Society, than speak to this point ourselves. They are commenting upon the Convention of Medical Teachers and the present aspect of the question of medical education.

Said Dr. Shrady, of New York, whose editorial pen is always an effective power: —

"The profession are in reality in the hands of educational monopolists, the majority of whom have clearly shown themselves by their recent action to be insensible to anything in the shape of reform that may interfere with their pecuniary interests." *

"We have an appeal from a committee appointed from a most respectable assembly, with full authority to

* New York Medical Record, July 15, 1870, p. 229.

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treat on questions which concern the vital interests of the profession at large, and only ten schools respond. The remainder, among which are some of the leading colleges in America, do not deign to give it even the cool courtesy of a recognition. In view of this, the faint-hearted may get discouraged, but we are convinced that the time will come when the current of professional opinion will set in a direction that will be felt even by the largest and oldest schools, and that we shall yet have the opinions of the leading minds in the profession practically respected." *

Dr. Carroll, also of New York, whose editorials we have had occasion to praise more than once already, said: —

"It seems painfully clear, from the proceedings thus reported, that the real advocates of medical reform for its own sake are only three or four in number, headed by Professor Davis, and that the majority of our medical colleges are about equally divided between the temporizers and the obstructives, — those who regard medical education as a pure business matter of dollars and cents, and whose only wish is to prevent competition in prices without improving the quality of the wares they have to sell, and those *laudatores temporis acti* who are content to teach to-day what sufficed for their own pupilage forty years ago, and nothing more." † And again: "It is a notorious fact that American diplomas imply so little that they are deservedly ignored in other countries; it is a standing humiliation to our whole profession that the standard of graduation should be degraded to the lowest point compatible with acceptance by the uneducated populace; and it is evident that,

* New York Medical Record, July 15, 1870, p. 230.
† New York Medical Gazette, June 25, 1870, p. 46.

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under a properly organized system of medical education, any man unqualified to even matriculate in colleges elsewhere, would hardly be considered entirely competent to fill a chair in an institution of learning. We have little hope that anything like beneficial co-operation can be effected among the numerous rival colleges; whatever of reform may be accomplished must be by the efforts of the entire profession, and in spite of the colleges."*

"In spite of the colleges!" There's a deal of wisdom in those few words.

Dr. Butler, of Philadelphia, the large circulation of whose journal has given him a great deal of influence, states of the Convention of Teachers at Washington, that "Of course nothing was done but to advocate excellent measures, which nobody intends to carry into effect."†

Dr. Theophilus Parvin, of Louisville, whose professorial title we drop in this connection, as it represents a far inferior influence to that of the editor, — the one drilling a squad of boys, the other guiding an army of men, — Dr. Parvin thus nobly expressed the fervent heat that in a few true men underlies whatever crust of position may chance to cover them. "What," he says, "has the Teachers' Convention done? Words enough, resolutions enough; but these have been weak as ropes of sand in fixing any permanent good; reports upon reports, long and loud, but not strong enough to jar a single school. But behind the throne there is a power greater than the throne. Let the forces which now lie dormant, or only fitfully manifest themselves in this regard, be aroused, evoked, combined, and concentrated

* New York Medical Gazette, June 25, 1870, p. 47.
† Medical and Surgical Reporter, July 2, 1870, p. 18.

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upon a practicable object, and the colleges will ultimately feel and acknowledge their power, while the profession will, with one heart and voice, sustain the advanced movement. This," continues Dr. Parvin, whose forcible utterances we have always wished he would, as he should, term "editorials," rather than let them as "reviews" run the chance of being overlooked, — "this is our abiding faith." *

We could adduce many similarly forcible expressions of opinion. We will give, however, but one more. It is from Dr. — in this connection not Professor — Gross, of Philadelphia. Losing his patience at the apathy, or intentional perversity, of his colleagues at the Teachers' Convention, Dr. Gross exposed what others would have kept concealed. "The whole question," he said, "lies in a nutshell, and a very small shell at that. It is simply, 'Will the American Medical Colleges combine, and go forward to a proper standard of education, or not? Will they continue to stultify themselves with resolutions, or will they act?' The schools are alone responsible, and they can accomplish the work in an hour, if they would." †

In "the power behind the throne," as so plainly indicated by Dr. Parvin, lies the quick and easy solution of the complicated problem. We have more than once called attention to the combination of that power's varied forces that is now so steadily and so surely being effected. ‡

It is not the schools, that herd of, till now, unbroken mustangs, — no matter how grizzled with age their leader, — that are to govern their own advance.

Teachers may say, as did Prof. McNaughton, of Al-

* American Practitioner, August, 1870, p. 108.

† Chicago Medical Examiner, June, 1870, p. 381.

‡ See this Journal, July, 1870, p. 48; and September, 1870, p. 188.

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bany, to the American Medical Association at Washington, that the outside profession cannot control the schools, and that the schools will not be dictated to. The control, the dictation, is being exerted, nevertheless. The vote of the Association that "it has the power," and the resolutions that it passed to the effect that Chairs of Mental Pathology and of Gynæcology should forthwith be established at all the Medical Colleges, foreshadow what is to come.

This is the tide that has reached and has seized in its saving but resistless grasp, the stranded ship we all so prize, here in Boston.

Is IT NOT SO? Let us read from the log of that ship itself.

In April, 1870, at the time of the Convention of Medical Teachers at Washington, Harvard College still held to its determination, put upon record in 1867, not to lend its influence towards elevating the standard of medical education. We have a right to assume this from its entire neglect, by letter or delegate, to express any sympathy with those by whom such an expression at that time would have been so highly valued.

In November, 1870, six months afterwards, the Harvard Medical School attempts to lead the van of the most ultra reformers! This complete somersault might seem very remarkable to those not conversant with the daily progress of events here in Boston. It has been not more so, however, than the removal from one place to another of certain heavy buildings would have appeared to the summer's absentees, who upon their return to the city have found the undertaking, of whose inception, even, they were not aware, completed. In both

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instances there has been "constant, unremitting pressure"* from without, no initiatory movement at all from within. In both, the jack-screws have seemed insignificant and wholly unfitted for such ponderous work; in both, the laborers too few for the apparently hopeless task. An occasional lifting of one's hand, however, — no haste or impatience, but simply faith in the laws that govern both stones and men, — and the work, in both instances, has been accomplished. It is just eighteen months to-day since, the trenches dug and the screws all in place, we threw off our jackets and took the levers in hand. Already we sit at our ease and enjoy the surprise of passers-by at the result that they had considered impossible.

On November 2d, 1870, Prof. James C. White, of Harvard University, in the Introductory Lecture of the session, thus pleasantly discoursed, his audience comprising, besides the medical class, very many of the profession of the city and vicinity, and other persons interested in medical science. He said: "I have tried to show you in what spirit you should take up the work before you, how you should do it with your might, and in what order and method you should pursue the studies, and all the studies, prescribed for you. I have said that with us rests the whole responsibility of the choice of those studies and the character of the teaching. If you fail, therefore, after faithful improvement of the opportunities here offered, to become physicians of the first order the fault is ours, and you and the community may call us to account. Is the standard of education in the medical department as high as in the others of the University of which we are a part, as in the other medical schools of the country, as in the schools of

* See this Journal for November, 1870, p. 330.

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Europe, or as it should and can be? These are questions about which a very wide difference of opinion exists, and in which the profession, and you, as future members of it, have the same interest as ourselves. It would be difficult perhaps to determine whether the system of medical education, so long adhered to in American schools, is due to the views concerning its efficiency held by the profession generally, or whether it is the schools which are accountable for the tone which prevails in the profession at large with regard to the subject, because each creates the other; the schools fill up the ranks of the profession with their handiwork, and the profession in turn furnishes the teachers and governments of the schools. But it is perfectly fair to judge the latter by their fruits, and a comparison of the character of the medical profession with that of the production of the other departments of the University warrants the conclusion that in its relations to the scientific aspects of medicine we cannot claim for ourselves our proper share in the credit which attaches to the other learned professions. That our cities are not known and honored in other lands, as much for distinguished physicians as for their well-known men in literature and science, is our own fault alone, and the reason is that we do not sufficiently honor our own calling. We labor mainly to acquire position and comforts; but how few of us are really students, and care more for the advancement of science than for our own 'getting-on' in the world! How seldom has an American physician made independent and systematic investigations in any of the sciences connected with medicine! How different is a medical reputation in other countries! In Germany the celebrated physician first makes for himself a name by incessant toil and self-sacrifice. He cares neither for society, for appearances, for comfort, only for sci-

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ence, and then in after years come riches and honors, as well-deserved rewards. I would not have my meaning misinterpreted. I believe that those amongst us, who are so deservedly popular as practitioners, are in every way worthy of their success. It is the resting satisfied with success in practice, and making this our only aim, which is so fatal to the progress of medicine with us.

"This opinion is less deserved of some parts of our country than others; it has been too true, I fear, of all. I take my own share fully in any odium which may attach to any single member of the profession; but I believe that such will be the inevitable future of medicine in America, until change is wrought, where I consider the source of the trouble lies, namely, in our medical schools. So long as it is held that there is a demand for cheap doctors in this country, and that an American can get as good a medical education in three years, without any necessary preliminary mental training, as a Prussian or Austrian youth, thoroughly drilled to methods of work and habits of industry, can get in six years, or one at any rate good enough, so long we shall make poorly educated doctors and nothing else; or we should do so, if students themselves did not know better and act accordingly in exceptional cases. A student who spends one or more years in foreign schools, after being made a doctor here, cannot be pointed at as a specimen of American handiwork in answer to this view of the case. Do we ever reflect that the multitudes of American students in the medical schools of Vienna and Berlin are a reproach to our country? Why do we not find an equal number in the seats of Law and Theology, of natural and mechanical science, there? The high and well-deserved reputation, which our students bear among foreign classes for quick perception and interest in their

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studies, shows the quality of the native material waiting the proper training at home; though I fear that our student abroad clings too closely to the spirit of his American education, and is found still following too exclusively the practical branches of his art. This is the evil genius of our system, its radical defect. It is here and within our schools that we must meet it. Until we renounce the theory that medicine in America is to be taught not as a science, as elsewhere, that only so much of it is to be served up to the student as will make him a good practising doctor, and that he has no share in its future progress as an independent worker in its deep places, we need not hope for better things. Plans for elevating the standard of education by longer courses, or forced attendance throughout the year, are of little importance until we are prepared to make the spirit of our schools what it should be. Then every desired reform will follow without forcing." *

And again: "To those who may say that I am taking an unpatriotic view of the matter, that my estimate of medical education and our profession in America is too low, and unfounded in fact, I will only reply: When I find the young men of Europe flocking to our shores and crowding our native students from their seats and from the bedside; when the fees of our best lecturers are mostly paid in foreign coin, and when thousands of wealthy invalids from across the sea fill the waiting-rooms of our physicians, then I will confess that I am wrong, and that of the two systems of education ours is the best. Until then I shall seek in the spirit and working of their schools the secret of their success, the cause of our failings." †

* Boston Medical and Surgical Journal, Nov. 3, 1870, p. 281.
† Ibid., p. 282.

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"The future success of the schools," says Prof. White, "depends upon the teachers; and teachers such as have made those (foreign) schools what they are, must be created by our schools, and that is possible only by adopting the spirit and system which have led them up to their greatness. An ardent enthusiasm, earnest devotion to work, and a search for truth for truth's sake alone; and a system which recognizes a thorough scientific training as the only groundwork for a medical education, which teaches to the utmost limit the science of medicine *in all its branches* (even gynæcology?), and which believes, and proves, that the most practical man and best practising physician is he who has the widest and deepest knowledge of those scientific truths."*

The Professor discusses with great minuteness the plan of a classified and progressive curriculum, for which Prof. Davis, of Chicago, has been striving for years; but he gives no credit to that gentleman or any of his co-laborers, who over and over again have urged its adoption upon the Convention of Medical Teachers, and he acknowledges the disrepute into which the Harvard degree has fallen. "We should equalize the value of our degree," he says, "and we should enhance its value an hundred-fold."† "The University now publishes, with other inducements to the student," he continues, "the offer that he need prepare himself in but five out of the nine departments taught. How, with so wide an opening kept standing before his eyes, can we expect him to know anything of the branches not directly connected with practice?" And he sums up what he has to say upon this point with the following condescending

* Boston Medical and Surgical Journal, Nov. 3, 1870, p. 283.
† Ibid., p. 288.

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bid, in behalf of Harvard, for the Presidency of the "Permanent Association of American Medical Colleges:" "Finally, we can encourage the beginning of any movement tending to the consummation of any or all of these changes." *

The College has at last found, perforce, that, to again quote Prof. White, "As long as the science of medicine progresses you must advance with it; the moment you drop the oars, you are far back in dead water." † It would have taken many a weary stroke, with all the force of the most carefully selected University crew, before the lost ground could have been regained, had not the faculty taken advantage of the eddy formed for them by the much-abused Gynæcological Society and its Journal. There's no better guardian of the public interests, no better guide for a selfish and slothful corporation, than free and fearless discussion by an independent press. Were we wrong, when, in chronicling the tribute paid by Boston to New York in sending to that city for a teacher of Physiology to supersede Wendell Holmes, we prophesied that "another strip would soon be torn from the old rag known as the Boston Policy"? ‡ This has now been done. There is very little left of the musty shreds referred to, and that little is daily viewed with more and more contempt by those marching beneath them.

While we praise Prof. White for having spoken his own mind as an individual convert, it must not be forgotten that he is the mouthpiece of a faculty scared into improvement by the premonitions of what placeholders most dread, Revolution. Were his sentiments, or rather their avowal, of older growth, he might be-

* Boston Medical and Surgical Journal, Nov. 3, 1870, p. 289.
† Ibid., p. 278.
‡ See this Journal, October, 1870, p. 269.

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come a worthy candidate for membership of the Gynæcological Society. That, however, must be a question of the future, for as yet he might not appreciate the honor, were it conferred. An especialist, it should not be thought that he condemns or would advise the students against such subdivision of labor, for his position at the College is a sufficient refutation of his own words. He says, it is true, "I do not propose to discuss the subject of specialties; only to warn you, that you as students have nothing to do with it;"* and he tells the class that the so-called University Lectures upon Diseases of the Ear, the Eye, the Skin, the Mind, and everything else except the Female Pelvic Organs, teach them all that they should know. And yet this same gentleman has just resigned his place as Visiting (General) Physician to the Massachusetts General Hospital that he may take that of Dermatologist to out-patients at the same collegiate institution. For what reason? Merely, forsooth, that he may give clinical instruction in that specialty to the self-same students whom he had warned against becoming interested in anything of the kind previous to their graduation!

We have referred to the change of base of the Harvard School, solely to approve and not to criticise it. We shall not, therefore, at this time, discuss the recent onslaught by the midwife of the School, Prof. Buckingham, upon the Catholic portion of our community. It had been supposed that Prof. B. had already done about all that could be done to ruin himself professionally;† but it seems that he was not satisfied. Every observant Protestant physician has been struck by the comparative chastity of the Catholic Irish women, and the great value they all place upon the life of an unborn child.

* Boston Medical and Surgical Journal, Nov. 3, 1870, p. 280.
† See this Journal, May, 1870, p. 307.

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The doctrines of their church are as explicit upon this point, and the duties of the confessional as rigidly observed, now as in the past. Such being the case, listen to Prof. Buckingham, the President of the Obstetrical Society of Boston: "It was true," he said, "that he had no longer to treat the poorer class of patients to the same extent as in 1844; but he was sure that at that time it was exceedingly rare to find a Roman Catholic Irish woman who was a strumpet, or who practised intentional abortion, while at the present time neither circumstance was at all uncommon among the same class, within his own observation."* Nor will we more than allude to his slur, at the same meeting to which we have referred, upon one of the most essential diagnostic and therapeutic implements of gynæcology: "The populace," he said, "seem to have the idea that Simpson's sound *was* designed to procure abortion."† Nor will we say what we might concerning Prof. Edward H. Clarke's public declaration in favor of that last of "woman's rights," the procurement of criminal abortion.‡ Dr. John Reynolds did well when he denounced in scathing language such an "intelligent modern reformer."§ Nor will we speak of the harsh criticisms upon the dermatological expertness of the Professor from whose Introductory Address we have been quoting, contained in two late numbers of the New-York "Journal of Syphilography and Dermatology,"‖ save to say that when the suggestions he has been recommending to his faculty shall have been carried into

* Boston Medical and Surgical Journal, Dec. 1, 1870, p. 350.

† The italics are his own. A singular use of them when none who participated in the discussion at the Obstetrical Society, from the report of which we quote, seem to have previously referred to the instrument at all. See Boston Medical and Surgical Journal, Dec. 1, 1870, p. 359.

‡ Ibid., p. 360.

§ Ibid.

‖ Loc. citat., July, 1870; and October, 1870, p. 385.

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effect, there can be no such thing as an inexpert professor of a special department of medical science, for "teachers such as have made the foreign schools what they are will then have been created by our own schools."* In view of the possible future, therefore, and of what Prof. White has now attempted to do for it, we would submit that our associate of the Gynæcological Society, Dr. Henry, the New York editor, should send to Prof. W., or to his faculty, for that is what they once demanded in a similar instance, an humble apology for the freedom of his criticism.

"WE SHOULD" do divers things, say the Harvard Faculty through their spokesman of the year; "we should equalize the value of our degrees," etc., etc., provided the University makes it worth their while to do so. That is to say, chosen to the most responsible work, almost, of all in the profession, and rewarded with honors that they teach are supreme, and with that increase in their income that always comes, through more frequent consultations, to a professor who is in any sense a competent practising physician, — expected to do their work faithfully and to the best of their ability, — these gentlemen now profess to be willing to do so, provided they are paid a larger price!

Can it be possible that what we have been praising as an honorable ambition for better things is after all but a petty strike for higher wages, or a covetous ruse to obtain them?

Of late it has been rumored in this city, — indeed it has been intimated by more than one connected with the School, — that, instead of the present system of salaries, dependent to a greater or less extent upon the fees of students, the professorships are to be, all of them, permanently endowed.

* Boston Medical and Surgical Journal, Nov. 3, 1870, p. 283.

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We may be mistaken, but we at present incline to the belief that such a change would be a step in the wrong direction. The members of the faculty, even the wealthiest of them, desire it to be made; it would be, indeed, unnatural for them to do otherwise, for a sinecure is always more pleasant to its possessor than the necessity for "getting on," of which Prof. White speaks. That, however, is one thing, and the best welfare of the School is another.

Let the fees remain as they are. The case is very different with medical from ordinary collegiate professors, who usually have no means of support outside their chairs. If endowments are to be made, let them be of scholarships for worthy indigent students, who often prove the best men in after life.

Let them remain as they are. For, "if we cannot," says Prof. White, "with our present means immediately effect" all that we should, "we can at least, and at once, take some of the steps above alluded to. If we cannot make it obligatory, we can make the summer course so instructive that students will be drawn to spend a whole year in the school. We can encourage a love of science and the habit of independent investigation among them." And — notice the implication as to the present state of affairs that this sentence conveys — "we can insist that the student shall pass a satisfactory examination in every department before he can obtain a degree." * He should have said, "we must."

In former numbers of this Journal † we have taken occasion to speak of the Medical Corps of the Navy, and of its claims upon the profession at large for an

* Boston Medical and Surgical Journal, Nov. 3, 1870, p. 289.

† See this Journal, November, 1869, p. 316, and January, 1870, p. 60.

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appreciative and cordial co-operation. We now desire to say a kind word or two, well deserved, for our brethren of the United States Army Medical Service.

When visiting that marvellous collection of professional treasures, the Army Medical Museum at Washington, we imagined that there at least we should find nothing of any especial interest to a gynæcologist. We were wrong, however, for almost the first specimen that caught our eye was a most interesting preparation of cystic disease of the ovary. In surprise at finding anything of the kind in a collection that we had supposed was exclusively male, we inquired whether it had been taken from an Amazon, like Joan of Arc, reflexly fired to deeds of daring, or from some widow of the border, concealing her sex that she might the more surely avenge her loss in a kinsman's blood, or from a degraded camp-follower. It had come from none of these, but from a devoted hospital nurse, who, though feeble and suffering, had taken her life in her hand, and without a murmur of regret had given it up that strangers and foemen might live. And then we thought of the surplus thousands of single women in our Northern sea-board States, and of their married sisters throughout the land, for whom this Army Medical Service, in preserving the lives of men, had decided all-important gynæcological questions, involving the whole happiness of their future; and we no longer doubted whether the sphere of military surgery overlapped or no that of the diseases of women. Gynæcologists, moreover, can never forget that it was in the Museum of which we have been speaking, that the respect and affection of the American profession uttered its earliest lamentations at the death of Simpson, before even the illustrious departed had been laid in his coffin, — North and South, East and West, giving to each other, for the first time in this country's history,

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the hand of Gynæcological fellowship,—common mourners over a common loss. How could the science, in America, have had a more impressive birth? How could the master's death have blossomed into a worthier life?

Thus feeling, we have received with more than ordinary satisfaction, from our fellow-members of the Gynæcological Society, Surgeons Barnes and Otis and Woodward, advanced sheets of the Annual Report for 1870 of the Surgeon-General. It is a modest little document of less than a dozen pages, but it is a model of comprehensive and convincing demonstration. It shows at a glance what the Service has done for science and for the nation. Should science and the nation do less for the Service? We have often wished, as individuals, that we could find words to express our admiration of the several so-called "Medical Circulars" that from time to time have been issued by the War Department, and of the magnificent results that are being developed, in their quiet, unassuming way, by Otis and Woodward, at Washington; but it is far more difficult, speaking for the profession, worthily to express the approbation that has so fairly been earned.

We would gladly reprint the whole of the Annual Report, as its own best praise. A single sentence, however, will give the key to the concentrations of many years' work upon the part of the whole staff, now crystallizing into superb volumes upon the Medical and Surgical History of the War.

"It is scarcely necessary," states Surgeon-General Barnes, "to adduce proofs of the practical utility of the collections of the Army Medical Museum. Besides affording a field of study for medical officers, indispensable to the acquirement of the fullest knowledge of the special duties required of them, the illustrations of

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military surgery and of camp diseases contained in the cabinets have greatly promoted general professional knowledge on these subjects; and it is noticeable that, in the standard German systematic work on Surgery by Billroth and Von Pitha, in the last edition of the English System of Surgery by Holmes, in Didiot's 'Service de Santé des Armées,' and in nearly all works on military surgery printed in the last five years, the majority of the wood-cuts are derived from the specimens in the United States Army Medical Museum." *

Micro- and macro-photography, each in its way so elucidative of disputed points; statistical research upon the most unbounded scale; the chronicling of countless extraordinary surgical feats and of recoveries under circumstances the most forbidding, — these are but minor matters in comparison with the clear generalizations and philosophical deductions, both medical and surgical, which will go to the grateful future as monuments to the Army Surgeons whom Woodward and Otis so fittingly represent.

The "New York Medical Gazette" humorously observes that if war should be abolished it would be a loss to the world, so far as concerns a knowledge of military surgery and camp hygiene.† Little danger of that, but it would be a decided loss to the world, so far as concerns all general medical and surgical practice, were Congress to curtail the expenses of the Surgeon-General's Office. It would be a correspondingly great benefit to the nation were the annual appropriation for that office increased.

* Annual Report of the Surgeon-General, 1870, p. 9.
† Loc. citat., Dec. 3, 1870, p. 7.

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THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. IV.] FEBRUARY, 1871. [No. 2.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

THIRTY-NINTH REGULAR MEETING, AUGUST 2, 1870.

THE thirty-ninth regular meeting of the Society was held on the afternoon of August 2, 1870, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Weston, Sullivan, Martin, and H. R. Storer, and, by invitation, Dr. W. W. Dow, of Somerville.

The records of the last meeting were read and accepted.

The Secretary read a letter from Dr. Armand Després, of Paris, in acknowledgment of his election to the Society as a Corresponding Member.

The following donations to the Library were announced: from the Obstetrical Society, of London, the volume of its Transactions for the current year; from Prof. Després, of Paris, his works upon Ulceration of the Neck of the Uterus, and the Means of Arresting the Propagation of Venereal Disease; and from Prof. Fordyce Barker, of New York, his Clinical Observations on the Malignant Diseases of the Uterus.

Entered, according to act of Congress, in the year 1870, by HORATIO R. STORER, M.D., in the Office of the Librarian of Congress at Washington.

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The Secretary presented, on behalf of Dr. W. M. James, of Whitesboro', N. Y., the report of a very interesting case of

ARTIFICIAL VAGINAL OCCLUSION RESULTING IN FEMORAL MENSTRUATION.

[Dr. James' paper was published in the Journal of the Society for January, 1871.]

Dr. Storer was surprised that any surgeon should endeavor to close a fistulous catamenial outlet in a woman not yet past the climacteric, as had been done by a previous attendant, in the case reported by Dr. James, without first attempting to restore the vagina, and to direct the discharge through its natural channel. Fortunately the operation for effacement of the vagina in cases of extensive vesical fistula was not so often resorted to as formerly; and cases like that reported were becoming constantly more exceptional.

A letter was read from Dr. John R. McClurg, of West Chester, Pa., recording a singular case of

MALFORMATION,

very interesting to physiologists.

On the ninth of February, 1867, Dr. McC. attended Mrs. Geo. Rudolph, a mulatto, in her third confinement, which she thought came on some three weeks too soon. There was nothing unusual in her labor, the child being about the medium size for eight months; but the remarkable fact was the absence of ears in the normal situation. This portion of the head was well developed, and covered with smooth integument, containing no

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auditory meatus on either side. But upon the right and left sides of the face, upon the inferior maxillary and continuous with the inferior dental foramen, there was what appeared to be an auditory canal, large enough to admit a small silver probe, while around this canal was a pinna, or what resembled an auricle, about the size of a split pea, the whole being not over one-fourth of an inch in diameter, — both sides being exactly alike. It was the doctor's intention to have kept an eye upon the child, but being called away from home for some days, upon his return he found that it had lived but two days.

"Now, if this child had lived," he asks, "is it likely it would have heard at all, and if so, acutely? This is a question of some interest, but when we remember that the inferior maxillary nerve is the largest division of the fifth pair, and that the functions of this nerve, according to some writers, appear to be multitudinous, I think that the child would have had the faculty of hearing."

Dr. Sullivan remarked that the anomaly was, indeed, a very curious one, and that it was to be regretted that the child could not have lived until the functional condition as to hearing could have been determined by experiment.

The Secretary presented the following communication from Dr. A. Reeves Jackson, of Chicago, relative to

MENSTRUATION IN THE ABSENCE OF OVARIES.

"On the thirty-first of August, 1865, I removed both ovaries from a lady aged forty-four years. Menstruation had commenced at the age of seventeen, and the

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function had always been performed painlessly, and with regularity, quite down to the time of operation, which was done at the close of a menstrual period.

"An account of this case was published at the time,* but, owing to a typographical error, the patient's age was improperly given.

"The interesting fact in her case, and the one to which I desire to call your attention, is, that subsequent to the operation *she continued to menstruate just as regularly (with a single exception) as before.*

"The discharge appeared October 1st, 1865; again, December 22d, 1865, — a lapse of fifty-two days; from this time regularly every twenty-eight days, until October, 1867, being accompanied each time with the usual symptoms and continuing the usual number of days. It then was absent until February, 1868, when it appeared for the last time.

"I have communicated the details of the case to Drs. Atlee, Spencer Wells, Baker Brown, Chas. Clay (of Manchester, England), and other ovariotomists, and have received their replies. Similar cases have occurred to each one of them. Now, if there be no imperfection of observation in these cases, do they not make weighty evidence against our received theory of menstruation? Can we reconcile such facts with the doctrine that menstruation and ovulation are convertible terms?

"Dr. J. Aitken Meigs, of Philadelphia, informs me that your experience has furnished you with one or more cases of the kind, and that you have published them. Will you be kind enough to inform me where I can refer to the article?

"I would like to see this subject brought before the Gynæcological Society, in whose doings I feel a very deep interest."

* American Journal of the Medical Sciences, Vol. 52, p. 111.

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Dr. Storer remarked that the subject was one to which he had given a good deal of thought. That menstruation should not necessarily be put a stop to by disease, or removal, of a single ovary, was not surprising; but that it should seem to recur in the absence of both, was certainly at variance with the theory of the causation of that function hitherto generally received,—a theory that of late has received additional weight by the adoption as its motto by the Obstetrical Society of Louisville, of the words, "Propter ovaria sola est mulier,"—an expression, however, like its analogue "Propter uterum est mulier," that was not to be pushed to a degree unauthorized by the facts in the case. He had himself now seen two cases of apparent menstruation after double ovariotomy,* and one after removal, with the ovaries, of the uterus also.† In one of these instances of double ovariotomy, he had carefully dissected the Fallopian tubes from their attachments to the tumors and allowed them to remain undisturbed.

From these facts it would seem that the presence of an ovary or ovaries was necessary to initiate menstruation at the outset, but not absolutely required for its continuance. Ovulation, of course, could not occur after their removal, and impregnation was therefore impossible.

Dr. Lewis wished to know if any satisfactory theory of menstruation had yet been advanced to accord with this very interesting series of facts.

Dr. Storer replied that there had been none. It was like the imperfect and lessening swinging of a pendulum after the motive force had been withdrawn.

* American Journal of the Medical Sciences, Jan., 1868; Canada Medical Journal, 1868.

† American Journal of the Medical Sciences, Jan., 1866.

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Dr. Weston asked if the colored discharge from these patients without ovaries had been examined with the microscope.

Dr. Storer replied that he doubted if it had been done. Evidence of the character referred to would be purely negative. It was well known that the ordinary catamenial fluid was simply a hemorrhage, prevented from clotting by its mixture with the vaginal mucus, and doing so freely when in super-abundance.

Dr. Sullivan considered that the microscope would be here as much at fault as in attempting to establish the differential diagnosis between blennorrhœa and gonorrhœa, from the character of the discharge. In some cases, as had been mentioned to the Society at a previous meeting,* urethritis in the male followed coitus with a chaste woman, who was suffering with an acrid leucorrhœa. He was at that moment attending a patient where such was the case, the circumstances being of that character as to render infidelity on the part of either the husband or the wife extremely unlikely. Dr. S. had been informed, by the late Dr. Renton, that neither stricture nor gleet followed blennorrhœa when thus occasioned. He was himself inclined to think that chordee, where it did occur, was less severe.

The President, Dr. Lewis, was certain that the fact referred to, the communication of spurious gonorrhœa by innocent married women, must, in thousands of cases, where the true character of the disease was not made out, have caused great domestic unhappiness.

Dr. Weston reported such a case, from his own practice, of a very distressing character.

Dr. Sullivan had seen quite a number of cases of similar nature, where he was sure that the discharge

* This Journal, April, 1870, p. 214.

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was contracted from the wife, and without fault on her part.

The Secretary read the following communication concerning a case of

REGULAR MENSTRUAL IRREGULARITY,

from Dr. H. Colman, of Calhoun Station, Madison County, Mississippi.

"In the Gynæcological Journal, for April, 1870,* reference is made to a case of Abnormal Periodicity of the Catamenia, reported by Dr. Dutton, which, attracting the attention of my friend, Dr. H. N. Ballard, of De Soto County, in this State, he desired me to inform you of a similar case that had been under his observation for several years.

"The individual, aged twenty-four, commenced menstruating at about fourteen. The return has been regular ever since, and invariably upon the fourteenth of every month, generally accompanied by more or less pain and difficulty, and often by quite severe dysmenorrhœa. She is now pregnant for the first time, her last menstruation having commenced upon the fourteenth of February last,—and the question has arisen, whether pregnancy may be expected to continue the full term of ten menstrual periods (three hundred and three days), or to determine at the end of the usual term of two hundred and seventy or two hundred and seventy-two days.

"If it will not trouble you too much, an answer, either by mail or in the Journal, will greatly oblige both Dr. Ballard and myself."

Dr. Sullivan thought that in such cases the explana-

* Loc. citat., p. 219.

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tion would ordinarily be found to be in accordance with the suggestion offered by Dr. Storer when the question was previously under discussion; namely, that the patient was most likely imaginative, or of a peculiarly nervous organization, and, expecting the menses upon a certain day, they appeared. However this might be, he should expect the confinement, in the case now described, to occur at the abnormal rather than the usual period.

Dr. Storer read extracts from a letter from Dr. G. Cox, of South Hadley Falls, Mass., relative to the

DISCUSSION OF UTERINE FIBROIDS BY MEDICATION.

The case instanced was one in which the tumor, to use Dr. Cox's words, had been of "the size of a small child" eighteen months previously, but under the steady employment of bromide of potassium at Dr. Storer's suggestion, had now almost entirely disappeared.

Dr. Storer remarked that his opinion was still, as expressed to the Society a year ago,* that these occasional shrinkages or disappearances of fibroids previous to the passage of the climacteric, in cases where the diagnosis had pretty clearly been made out, were ordinarily mere coincidences rather than the direct results of treatment. At the period referred to he had been testing the use of bromide of potassium and chloride of calcium. Since then, he had given muriate of ammonia in a great many cases, as suggested by Dr. Atlee, of Philadelphia, and in some of them, he thought, with benefit, though he was well aware that many gynæcologists believed that the agent, used for this purpose, was entirely inert.

Dr. Sullivan considered that theoretically we might

* This Journal, August, 1869, p. 79.

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expect the bromide of potassium to be of assistance in the elimination of uterine fibroids, inasmuch as one of its supposed properties was to hasten the destructive metamorphosis of tissue. He would refer those interested to a late very interesting paper upon the subject.*

The President, Dr. Lewis, inquired if a similar effect was supposed to follow the prolonged employment of the iodide.

Dr. Sullivan thought that it was not there to be expected. The bromide produced a more profound effect upon the nervous system, and hastened molecular metamorphosis.

The Secretary stated that, as directed by the Society, he had addressed a memorial to the Governor of the Commonwealth, the Hon. Wm. Claflin, setting forth the laxity of the Executive and Prosecuting officers with regard to the crime of abortion, and requesting that offenders should not hereafter go unscathed in cases where guilt was manifest. He read a letter from the Governor in reply, promising co-operation with the Society, and enclosing a communication from the State Constable's Office, to the same effect.

Dr. Martin, chairman of the Committee appointed to take into consideration the ill-judged action of Prof. J. B. S. Jackson, with reference to one of the members of the Society, read a letter about to be sent to Prof. Jackson by the Committee. The letter was declared approved by the Society.

Adjourned.

* New York Medical Journal, July, 1870, p. 522.

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FORTIETH REGULAR MEETING, AUGUST 16, 1870.

The fortieth regular meeting of the Society was held at Hotel Pelham, on the afternoon of August 16th, 1870; Dr. Weston, in the absence of the President, occupying the chair. Present, Drs. Weston, Martin, Cutter, Sullivan, and Warner, and Dr. G. E. Bullard, of Blackstone, Mass., Corresponding Member.

The Secretary being absent, Dr. Sullivan was chosen to temporarily perform the duties of that officer.

Letters in acceptance of their election to the Society were read from Dr. John Moir, of Edinburgh, President of the Royal College of Physicians of that city, Honorary Member, and from Dr. B. W. Richardson, and Mr. John Bryant, of London, and Dr. Samuel D. Turney, of Circleville, Ohio, Corresponding Members, and Dr. Ephraim Cutter, of Boston, Active Member.

A communication was read from the widow of Dr. Dyce, of Aberdeen, elected an Honorary Member of the Society, announcing her husband's decease.

The photograph of Dr. Moir, of Edinburgh, added to the Society's collection, was exhibited, and the following donation to the Library announced: from Prof. L. Lehmann, of Amsterdam, his monographs upon Cystic Disease of the Ovary and Cæsarean Section.

The Secretary read communications from Sir Walter G. Simpson, of Edinburgh, thanking the Society for its tribute to the memory of his father, and offering, for permanent preservation, as of historical interest, in the Library of the Society, the original draught of the manuscript of the "Second Letter, concerning Anæsthesia, to Dr. Jacob Bigelow, of Boston," published in the Journal of the Society for May, 1870.

The thanks of the Society were voted for this interesting memorial.

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Dr. Martin, Chairman of the Committee, consisting of Drs. Lewis, Weston, and himself, appointed to address Prof. J. B. S. Jackson, of this city, with reference to his late unsuccessful attempt to bring the Society into discredit, read the reply that the Committee had received from that gentleman, professing the highest respect for the members of the Society collectively, and acknowledging that his action had been wholly based upon personal feelings towards the Secretary. Under these circumstances, the Society decided to abide by its previous decision, unfavorable to the request of Prof. Jackson to be allowed to resign his Honorary Membership. It was voted that, while in the case of an Active Member, subject to pecuniary assessments and to the performance of stated duties, scientific and otherwise, in addition to attendance upon meetings, connection with a Society could be discontinued at the will of the individual, it was very different in the instance of those who were chosen *honoris causâ*. Having no burdens to bear save of a purely voluntary character, their letters of acceptance of the compliment rendered them were to be considered in the light of a pledge to descend, as Honorary Members, to no dishonorable act. Prof. Jackson's conduct in this matter, if endorsed, would clearly tend to bring discredit upon the Society; and being, as he acknowledged, of a personal character, it could not therefore be allowed. It would tend, moreover, to bring disgrace upon Prof. Jackson himself, and this the Society, in view of their mutual relations to each other, could not force itself to permit.

Dr. Sullivan stated that at the time the extraordinary Fallopian fibroid, removed by Dr. Storer by abdominal section, was presented to the Society, he had submitted a portion of it, at the advice of Prof. J. B. S. Jackson,

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to Dr. J. C. Warren, for microscopical examination. He would read Dr. Warren's report.

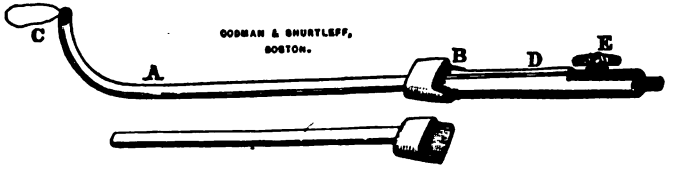
"It consists almost entirely of white wavy fibres, closely packed together, with bundles which interlace one another in various directions. The cellular elements, except at one or two points, are not prominent. The microscope therefore shows as pure a form of fibrous tumor (fibroma) as occurs."

Dr. Cutter exhibited a

MODIFICATION OF THE ECRASEUR FOR OPERATIONS IN DEEP CAVITIES,

lately invented by himself, and found to work admirably in a recent case of intra-uterine tumor, where all other forms of ecraseur proved useless. The case referred to occurred in the practice of Dr. W. S. Brown, of Stoneham, Mass., who would soon report it to the Society.

Dr. Cutter's modification consists of a straight or curved flattened brass tube, eight inches long, one-eighth inch wide, and one-fourth inch thick, inside measure. At one end it is soldered to a thimble at the top. This



thimble is perforated so that the hollow of the tube and the hole in the thimble correspond. The thimble is fitted to the distal end of an ecraseur, — the common medium-sized one of Tiemann. The flat of the thimble and tube correspond with the flat of the ecraseur. The thimble is not soldered to the ecraseur, but fits it as a

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common thimble does the finger. When applied, the wire runs through the tube, thimble, and end of the ecraseur, and is attached to the nut of the latter. When the screw is turned, the tractile force draws the thimble directly on to the instrument, and holds it tight.

In application, say to the uterine cavity, the tube should be passed up, to see if its curve fits that of the uterine wall it follows. If not, it may be bent to fit it. The ends of a loop of common annealed iron wire, No. 15, one foot and one half in length, are run through the tube out of the thimble. The loop should be of a size corresponding to that of the os uteri. This is passed up into the uterus. If necessary, the loop is enlarged by pulling the wire through the tube, and expanded by the fingers so as to surround the outgrowth. The tube is carried up as far as possible. Of course, the part of the loop farthest from the tube will not ascend equally. This should be pushed up by the finger or by a wire-carrier similar in size and shape to the Simpson uterine sound, except a furrow filed in the end, deep enough to catch the wire, and push it up as high as desired. When the wire has been pushed high enough, the ecraseur should be slipped into the thimble, and the free ends of the loop attached to the nut. Traction should be made and the wire watched, the tube being kept elevated until the foreign substance is cut off.

The flattened shape of the tube gives a strength greater than would at first be supposed for such material.

This modification was contrived for a case of naso-pharyngeal polypus, which was removed from its base near the pharyngeal dome through the mouth thoroughly by its use, with no section of healthy tissues.

The intention was to have a minimum of material with sufficient strength. In closed cavities of limited capacity, operative procedures for removing growths must

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be conducted with instruments whose size does not equal that of the cavity.

When the terminus of the tube is bent to a quarter of a circle, the instrument is useful in the removal of nasal polypi. The curve allows the hand and instrument to be out of the axis of vision. Dr. Cutter had used it thus with success. Another point is, that if the wire loop is bent over the end of the tube, even to a right angle, it will cut over that edge. This was unexpected, as, in the theory of the ecraseur, the axis of the loop should always be in the direction of the axis of the outlet, and not at right angles to it. The simplicity of the modification is its marked feature. It is new, and was never used before in any case of uterine surgery except the one to be reported by Dr. Brown.

Dr. Sullivan would bear testimony to the excellence of the instrument devised by Dr. Cutter. In the case referred to, of lobulated intra-uterine polypus, vain efforts to apply the chain of the ecraseur had been made both by himself and by Dr. Storer, whose dexterity in these matters was unsurpassed. Fortunately Dr. Cutter was present, and happened to have in his pocket the new attachment devised for naso-pharyngeal outgrowths. It was found perfectly to answer the unexpected indication.

A communication was read from Dr. Henry O. Marcy, of Cambridgeport, dated at London, and enclosing the translation of a paper by Prof. Martin, of Berlin, whose practice he had been following, upon

UTERINE EVERSION AS A CAUSE OF PROLAPSUS.

[Prof. Martin's paper will appear in a subsequent number of this Journal.]

Dr. Martin presented and read a communication upon

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HOSPITALISM IN BOSTON.

[Dr. Martin's communication will also appear in a subsequent number of this Journal.]

Dr. Weston related a case illustrative of the efficiency of

TAR FOR PRURITUS VULVÆ.

He had employed it with alcohol in these proportions:

℞. Picis Liq. (Norway), ʒ i.
Alcoholis ʒ i.

Dr. Martin had had an equally good result from a similar application, and had found it also useful for the itching of hemorrhoids, sometimes so intolerable. His formula was the following:—

℞. Picis Liquid. purificatæ (Norway tar), ʒ iv.
Plasmatis Glycerinæ ʒ ii.

To this, in old and severe cases with ridges of fibrinous deposit, ʒ ii. of Ung. Hyd. nitratis fort. may be added with the aid of heat.

Dr. M. had also found tar mixed with soap and water useful as a vaginal injection for the itching sometimes accompanying cancerous affections of the womb.

The following communication was read from Dr. Samuel D. Turney, of Circleville, Ohio, upon

THE TREATMENT OF PUERPERAL ECLAMPSIA BY HYDRAGOGUE CATHARSIS.

"Permit me to communicate through you to the Gynæcological Society a very brief report of two cases of puerperal eclampsia, which I believe were cured or

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relieved by hydragogue catharsis. Having a limited access to books, I do not know that this treatment has ever been advised before. I do not find it in any of the medical literature that I possess, and certainly the practice is not commonly known or pursued in my neighborhood.

"Aside from the favorable results obtained in these cases, theoretically, it strikes me that it better meets the indications for cure than the treatment ordinarily pursued.

"The diminution of urea in the urine, and the consequent accumulation of some other (?) poisonous excrementitious matter within the blood — the œdema that pervades the cellular tissue, and which probably by pressure causes anemia of the brain and nervous centres — call for treatment that will eliminate this irritant, and which will produce speedy absorption of the serous exhalation.

"The hydragogue action of elaterium will more certainly and rapidily secure these results than blood-letting.

"Case 1st. Primipara, aged eighteen. Much general œdema — had complained of severe headache — urine heavily loaded with albumen — suddenly seized with epileptiform convulsions whilst the fœtal head was pressing upon the perineum. Delivered with forceps. Convulsions returned one hour after delivery. Copious bleeding, with cold to the head, and inhalation of chloroform, failed to arrest them. Patient became unconscious; pulse frequent and feeble — say 140 — pupils dilated. After the sixth or seventh convulsion, the patient growing worse, I gave one-third grain Clutterbuck's elaterium every half hour. After the second dose copious watery evacuations, with subsidence of

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spasms. Consciousness gradually returned, and the patient made a good recovery.

"Case 2d. Seen in consultation, twenty hours after delivery. Primipara, age twenty-one years. Natural labor — no post-partum hemorrhage. First convulsion some hours after delivery. Had had twelve or thirteen. Comatose; pupils contracted; pulse about ninety, moderately full; slight œdema of limbs; urine albuminous. The slowness of the pulse may have been due to the exhibition of veratrum. This, with morphia and ice to the head, had been the treatment.

"I gave one-fourth grain elaterium and twenty grains of bromide of potassium every two hours. Spasms continued about every hour, until the fourth dose of elaterium, when, with copious serous discharges, the spasms ceased, and consciousness slowly returned. The patient made a good recovery.

"I know that two cases will no more make a rule in therapeutics, than two swallows will make a summer; but I cannot resist the conclusion that recovery has been due to the elaterium.

"At any rate, I submit this to your Society for what it is worth, knowing that in the ventilation of the various modes of treatment of this distressing complication of childbirth that may follow, much useful information will be elicited and disseminated."

The Secretary read an extract from a letter from Dr. Tom O. Edwards, of Lancaster, Ohio, detailing an instance of possibly

CARELESS PARACENTESIS.

"On yesterday I saw a tumor tapped, and from it there came three gallons and two quarts of straw-col-

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ored sero-albuminoid matter. Three days preceding, so I was assured by the doctor, husband, and patient, three gallons of dark-colored matter were drawn from an orifice three inches above the umbilicus. I saw the orifice, and am sure the facts are as I state them; thus, in four days, six gallons and two quarts were removed. The last puncture was three inches below the umbilicus.

"A leading physician here saw the case one week before the first tapping, and did not think proper to interfere either by tapping or operating, as the thermometer for five weeks has stood in the nineties and above; but the attending physician was sent for, and thought the patient would die if not immediately tapped. He did so above the umbilicus, as detailed, because 'the tumor hung over there.'"

The Secretary read a letter, transmitted to the Society through Gov. Claflin, from the District Attorney of Suffolk County, with reference to the Society's Memorial in behalf of

A MORE FAITHFUL EXECUTION OF THE LAW CONCERNING CRIMINAL ABORTION.

The writer, J. Wilder May, Esq., suggests "that the failure of respectable physicians to communicate with the District Attorney, and to take personal interest in the judicial investigation of cases coming under their observation, or brought to their knowledge, is not the least among the many causes which stand in the way of an efficient enforcement of the law."

In this connection, the Secretary read the following letter from an officer of a County Medical Society in another State, Dr. John B. Brooke, of Reading, Pa., evidencing the aid and abetment that professional

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criminals sometimes receive from their fellows among medical men.*

"The Berks County Medical Society, of which I am Corresponding Secretary, is engaged in a crusade against a member, who has been a notorious abortionist for years past, but whom we had never been able to obtain any tangible evidence against, until some six months ago. It was at first hoped that the case might be brought before the Criminal Courts and summarily disposed of, but on examining the law, the attorneys employed found that the act having been committed two years previously would bar all criminal proceedings. Our Society is now endeavoring to expel this man, — a man of some sixty-five, who has held a rather good position in this community, — but owing to the fears of prosecution in some, sympathy for an old rascal in others, and in others again the devil, we have some anxiety lest we shall fail to obtain a two-thirds vote which alone will expel a member according to the constitution of our State Society. We have considerably more than a majority; but fear and sympathy may destroy all our labor of the past six months when the vote comes to be taken finally on the 16th inst. Under these circumstances I have taken the liberty, unofficially, of addressing you, knowing, from your works on Criminal Abortion which I have read, how deeply interested you are in arresting this evil that is spreading so rapidly over our whole land, to ask some expression of encouragement and God-speed in our effort from you. We have nothing to fear from our evidence, —*it is overwhelming;* but no obstacle, however wicked and uncalled for, has been omitted to be thrown in our way by the accused

* See a paper upon this subject by Dr. H. R. Storer, in the New York Medical Journal, September, 1866, p. 422.

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and his friends. Threats and intimidation are their most potent weapons, and their effect is beginning to be seen upon some of our members, who, we know, were favorable to expulsion some weeks ago. May I not, then, my dear sir, be excused for asking but a moiety of your time to aid us in ridding the organized portion of our profession of a man who is known by almost the whole community, and a large portion of the rest of our State, as a professed Criminal Abortionist?"

The discussion which followed the reading of the above communication went to prove that in the opinion of the Society the time had come for decisive action against professional encouragement of the crime of abortion in the State of Massachusetts, as well as in Pennsylvania.

Adjourned.

THE GYNÆCOLOGICAL SOCIETY, AND ITS WORK DURING 1870.

THE ANNUAL ADDRESS FOR 1871.

BY WINSLOW LEWIS, PRESIDENT OF THE SOCIETY.

[*Read before the Society, Jan.* 3, 1871.]

AGAIN I must crave the indulgence of the members of the Gynæcological Society on this the anniversary of our organization. The presiding officer of a body banded together to promote any object should be the exponent, as to enlarged intelligence and administrative efficiency, of the Cause for which he has been placed in the chair. At the outset I frankly avowed my inability

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to do more than merely thus to sit in that situation, and be but the hearer, not the doer, of anything of practical utility, or even of suggestion. Many years since, I left the active pursuit of a profession in which so many years had been passed; and consequently the "*res gestæ*," the literature, of the science, the rapid, brilliant advances and discoveries of a long period, are but too partially known to me to be of any value to you, gentlemen, who have pursued Gynæcology to its recesses and improvements. I can only congratulate you upon what has been effected by yourselves, and give you a *resumé* of your progress during the past year.

The "Journal" has had a very decided success. As a magazine of great practical value to all interested in the specialty of Gynæcology, its merits have been acknowledged everywhere, and very favorably noticed both here and abroad. Its pages have been enriched by many contributions from the highest authorities in this and foreign countries. It will be the aim of the editors to continue its primary excellence.

The tone, the spirit, the *animus*, of the editorials have been somewhat caustic, and will perhaps be deemed by some to have been too personal. This characteristic, however, was engendered, and, I may say, compelled, by circumstances too well known, and which need not, to you, be recapitulated. It is sincerely to be hoped that our future pages may be able to be endued with an aspect more fraternal and conciliatory. If they must still bear the impress of the "*fortiter in re*," we shall endeavor to have them modified and chastened by an exhibition of the "*suaviter in modo*." We desire to draw to us the hearts of all of our professional brethren by courtesy and kindness. An emollient cataplasm is more grateful and soothing than caustic applications, and this is as applicable to our moral as to our physical

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natures. We shall strive to heal wounds, not open or enlarge them. We trust that, with the close of the old and the opening of the new year, milder measures and counsels may prove sufficient in our own and in other medical organizations. Let there be peace. "*Per pacem ad lucem*," has been, and will continue to be, the joint motto of your three editors. The legend of the State of Massachusetts, "*Ense petit placidam sub libertate quietem*," which they have occasionally quoted, is but another mode of expressing the same idea. Peace permanently assured, they will gladly sheathe the sword.

With these brief preliminary statements, I will now enter into details that I believe will not prove to you uninteresting.

Last year I felt that I could best fulfil the duties of this presidential hour by speaking of The Demands upon every Thoughtful Physician to give Closer and More Intelligent Heed to the Diseases Peculiar to Women.* At the present time I have decided to discourse of the *Work accomplished by the Gynæcological Society during the year 1870.*

Then the Society was an infant, — lusty, it is true, and full of promise, but still in its swaddling-clothes, and with prophecies upon it of death during the first dentition. To-day, it is a full-grown man, the peer of any in the land, proud in its strength, looked up to by the oppressed, aiding zealously in all good work, and feared and hated by evil-doers.

Two short years ago, had any one foretold, here in New England, that a Power like that now exerted by yourselves was so soon to be established, he would have been considered to have lost his mind. You will recollect, that those of you who, like myself, assisted at the

* For the Address for 1870, see this Journal, Feb., 1870, p. 77.

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birth of the Society, as its founders, were spoken of with derision. Those sneers soon changed to epithets of a still less agreeable character. Fanatics, we were termed, upstarts, revolutionists. And as for myself, in my old age lending my influence, which you were pleased so much to value (erroneously, I deem it), to an enterprise apparently so Utopian, — allowing myself to be resurrected, as it almost were, to give you the opportunity of setting the present knowledge of Gynæcology, or rather its glorious future, against the dead ignorance of the past, — my friends, I doubt not, thought that I had gone clean "daft," and I only wonder that they had not petitioned the courts to adjudge that I had entered my second childhood, and appoint for me a guardian. But the times were ripe for just what we have done together. Success is always accepted as the criterion of wisdom. We viewed the field, and we found it rich and fertile. We fenced it in, and established the claim. We invited to its toils and to its rewards fellow-laborers from far and from wide. In common we have planted the seed; in common we have borne the burdens; and in common we have awaited the abundance of the harvest. That harvest, in part, has already come, and to-night we are greeting each other at the Harvest-Home. Our task has not been a wholly pleasant one. Old prejudices and very naturally occurring jealousies have met us at every step. It has at times almost seemed as though the very Spirit of Evil himself were conjuring them up, to preserve his dominion; but the sturdy roots have been cut or torn asunder, the stubborn rocks have been hurled from their beds, and we now have stretching before us a velvet lawn.

You were told that the vineyard you had planted would be laid waste by fire and sword; but the event has falsified the promise. The watchmen you placed

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on your borders have had to shoot a hawk or two, and now and then a weasel. Nothing more has been seen. What you were told was the roaring of lions proved but the yelp of coyotes, with the doleful lament, at times, of *strix asio* (the little screech-owl of Audubon), or *rana pipiens* (the bull-frog of modern authors).

In narrating the work that the Society has accomplished since our last annual meeting, I hardly know where to commence or where to end. In the abundance of its labors I must omit mention of many, none of which, however, but deserve notice and appreciation.

As I said last year of our meetings, they "have been full of interest, and their discussions profitable." Such a wealth of material, pathological and descriptive, has been afforded us, from our immediate and our corresponding members, that it was found necessary, to relieve the Secretary's docket, that the meetings of the Society should be held throughout the summer, as well as during the winter months, without the customary vacation; and it is worthy of notice, and, I think, it is a matter of great credit to the Society and to yourselves, that during the unusual heats of the past season, when the members, almost without exception, were away from the city for a portion at least of every week, and proportionally hurried when in it, there was not a meeting when there was not present the number necessary for a quorum; not a single occasion when the interest, even for the moment, seemed to flag. Herein, gentlemen, in this persistent enthusiasm of yours, lies one secret of your great success.

The work of the Society has been found, as was indeed anticipated by its originators, to subdivide itself into several well-defined and distinct duties. By the Constitution, you will recollect, it was declared that the purpose of the Society shall be "the advance-

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ment of Gynæcic Science and Art, and their due recognition both in Boston and throughout the country."* To ensure these desirable ends, it was thought advisable, not merely to meet together at stated times, for the reporting and discussion of cases, but by the publication of the records, and of such scientific memoirs and contributions as might be presented to the Society, to endeavor to exert a wider educational influence than were otherwise possible. At first, it was thought that to do so through the medium of some already existing medical periodical would sufficiently meet the indications, and negotiations were commenced for the purpose. It was soon found, however, that the supply of interesting material was accumulating more rapidly than it could thus be disposed of, and it became evident, moreover, that for the full and effective performance of what has been to you all a real missionary labor, it would be necessary to establish a new Journal, which should be wholly devoted to the interests of the Society. This was accordingly done; your officers, the President, Secretary, and Treasurer, offering themselves as the editors, a willing sacrifice for the common good. The influence of the Journal was apparent from its very inception, and it has proved itself a most powerful means of accomplishing what the Society had decided was necessary to be undertaken.

It being thought advisable, inasmuch as the Society was the first of the kind ever established in the world, — differing as it does so materially from the so-called Obstetrical Societies, — to render it, as intimated by the Constitution, in reality of a national character, measures were at once instituted to secure the interest and co-operation of those residing in distant portions of the

* See this Journal, July, 1869, p. 15.

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country, who had devoted themselves in greater or less degree to the study of Gynæcology. It was soon found that an election to corresponding membership was an honor highly prized by its recipients. In quite a number of instances, indeed, it has been directly sought by gentlemen very favorably known to the profession; and by extending its reach to foreign lands as well, a corps of most cordial well-wishers has been created, who have themselves been stimulated to the greater exertion in this honorable path to professional distinction. Very interesting papers have been received and published from Protheroe Smith and Sir James Y. Simpson of Great Britain, Breisky of Switzerland, and Lazarewitch of Russia; one from Weber of St. Petersburg is awaiting its turn; only the day before yesterday a most interesting history of Gynæcology in Iceland has been received from our honored associate, Hjaltelin of Reykjavik, the Chief Physician of that country, under the Danish Government; and similar ones have been promised by other distinguished gentlemen.

During the year just ended we have published scientific contributions, of greater or less length, from many American physicians resident outside of Massachusetts; in Maine, Vermont, Rhode Island, and Connecticut, New York, Ohio, and Michigan, Wisconsin, Kentucky, and Minnesota, and from South Carolina, California, and the District of Columbia; while a long file of communications from yet other sections of the country still awaits your printer. These papers have been upon a vast variety of important gynæcological topics, and the discussions upon many of them by the Society, so faithfully reported by the Secretary, have added greatly to their intrinsic interest. You will be surprised at the list of these subjects, if I enumerate but a portion of them.

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We have heard, for instance, of tetanus following an operation for polypus; the diagnosis between pregnancy and the menopause; shock in its relations to abdominal sections; erotomania; the comparative dangers and mortality of ether and chloroform; vicarious menstruation and hemoptysis; fissiparous generation in the human species; the removal of outgrowths from the uterine cavity; measures for abdominal support; imperforate hymen; simulated miscarriage during pregnancy; ovariotomy; uterine ablation; conjugal coitus in its therapeutic relations; marital sympathies; the vomiting of pregnancy; retained placentæ after abortion; septicæmia from menstrual poisoning; spurious gonorrhœa; the retention of fœtal debris; vesical calculi; reflex anchylosis; transverse dilatation of the os uteri; abnormal periodicity of the catamenia; reflex disease; the fitness of female physicians; excision of the cancerous cervix; intra-uterine epithelial disease; vomiting after abortion; the intolerance of opiates during shock; intra-uterine galvanic batteries; hypodermic injections; cystocele from urethral caruncle; fatal cellulitis from sponge-tents; renal and perinephritic abscess; vaginismus; chronic uterine inversion; lever pessaries within the bladder; fibro-cystic disease; prolapse of the rectum; the history of Barnes' dilators; cod-liver oil; fissure of the anus; alcoholic stimulants; feigned passage of hair from the bladder; atresia from careless surgery; the remedial substitutes for bleeding; the removal of large polypi, vaginal and intra-uterine; membranous dysmenorrhœa; cutaneous eruption at the catamenial period; a standard for exploratory abdominal section; Fallopian fibrous tumor; and tympany as obscuring diagnosis.

These are the topics presented in the year 1870. There are also upon file for publication, having already

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taken place, discussions or comments upon pencils of nitrated charcoal and their dangers; malarial leucorrhœa; unsuspected pregnancy; gynæcological tabulation; the Boston treatment of placenta prævia; menstruation in the absence of ovaries; regular catemenial irregularity; the discussion of uterine fibroids by medication; modification of the ecraseur for operations within the uterine cavity; uterine eversion as a cause of prolapse; hospitalism in Boston; careless paracentesis; congenital uterine atrophy; vaginometry; the responsibility for accidentally induced abortion; acupressure within the cervix uteri; the best period of operating for lacerated perineum; the preservation of wet pathological preparations; American microscopes; lobulation of a uterine fibroid; extirpation of the uterus; unusual sources of vaginal hemorrhage; intermittent uterine prolapse; ventilating bandages; mammary hypertrophy; enlargement of the spleen; periodical insanity; the enucleation of ovarian cysts; conjugal fraud; the question of completing operations in cases of doubt; the ultimate pathology of pulmonary disease; the comparative frequency of venereal disease in this country; the attachment of sponge to metallic bougies; the comparative frequency of fibroid in blacks; absence of the uterus; death from sulphuric ether; gynæcological errors of diagnosis and treatment; the liability of physicians to a false charge of abortion; the alleged antagonism of opium and belladonna; intra-uterine injections; the effect of local treatment of the uterus upon subsequent parturition.

There have been published in the Journal, during the year, many extended papers, upon as many different gynæcological subjects. There have been articles upon the topical use of bromide of iodine; the diagnosis between uterine and hepatic disease; reproduction by

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fissuration in the human species; acupressure of the ovarian pedicle; the surgical treatment of pelvic abscess; metrorrhagia from malaria; hemorrhoids and anal fistulæ; chronic inversion and malpractice; digitalis in uterine hemorrhage; deaths from sulphuric ether; vaginismus mistaken for spinal disease; the literature of vesical pessaries; aberrations of gestation; gastrotomy; local treatment for puerperal hemorrhage; abdomino-vaginal impalement; absence of the uterus; the importance of gynæcological records; transverse dilatation of the os uteri; the intra-abdominal douche; lacing the breast; unjustifiable abortion by physicians in honorable standing; the inter-dependence of dental and pelvic disease; pelvic operations, as to preparation, risks, and after-treatment; the demands of uterine disease upon every thoughtful physician; specialism and especialism in gynæcology. Akin to these was the paper published in defence of the Society against the slander by Wm. Lloyd Garrison in the "New York Independent."

Many gynæcological instruments, of which quite a number were new to the profession, have been exhibited, and a long series of interesting pathological specimens have been added to the Society's collection. The donations to the library have been also very considerable. We are already quite rich in foreign gynæcological monographs, of some of which there is probably not a duplicate copy in the country. In the course of time we shall have gathered a collection of the kind, inestimable in value for reference to those who are studying the general history of our science, or working at its special topics.

That which I have thus far enumerated would have seemed, of itself, a sufficient year's work for any Society. It constitutes, however, but a comparatively

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small portion of what our own has, in reality, accomplished.

I have already remarked, that to sow the seed is not sufficient. If it fall among rocks, or upon a desert, it may be utterly lost. It therefore becomes necessary to prepare the soil, and, by stirring it occasionally, to secure those beneficent influences, without which all work is in vain. It therefore seemed good to the Society to continue, during the past year, to take that interest in passing events of a local professional interest that it evinced during the first year of its history. It had already, by vote, expressed its abhorrence of that scourge of modern civilization, the induction of criminal abortion. It had protested against the thwarting, by interested, or too easily persuaded, physicians of this city, of the wise location of the new lunatic hospital, suggested by psychological experts. It had put itself upon record, as alike appreciating the real objections to the encouragement of female physicians, and the vile argument in their favor, raised by an over-enthusiastic advocate. It had advised systematic instruction in gynæcology at the medical colleges, and had addressed a memorial therefor to the American Medical Association, at its session at New Orleans. These were all of them matters of great gynæcological interest.

In pursuance of the same enlightened policy, to devote its energies to the furtherance of every great local or national end that bore upon the development of the science for whose interests it was founded, it entered heartily into the so-called ether question, and contributed not a little towards the final and equitable settlement of what, for a quarter of a century, had been a matter of doubt and dispute. As this is a matter of history, it may be well to recall to your memory the cir-

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cumstances under which the Society came to its investigation.

Upon the presentation, by the Lord Provost of Edinburgh, in October, 1869, of the freedom of that city * to the distinguished physician, our fellow-member of the Gynæcological Society, the late Sir James Y. Simpson, there was made a most unjustifiable attack upon him, during the ensuing month, by Dr. Jacob Bigelow of Boston, also an eminent member of our profession, in the "Medical and Surgical Journal" of this city.† There was immediately sent to the Society, by Prof. Simpson, his famous reply to Dr. Bigelow, which will go down to all future times as a model of perfect defence and unanswerable criticism. You will recollect that it appeared in the Society's Journal for Feb., 1870. "You think," says Dr. Simpson, in closing his answer to Dr. Bigelow, "that I am greatly blamable because, in the way of omission, I did not advert to the previous application of sulphuric ether in America as an anæsthetic, when the employment of chloroform was referred to. I think, on the contrary, that you are infinitely more blamable than I am, because without the slightest reason or ground, and in the way, not of omission, but of deliberate commission, you have, in this letter of yours, attempted to appropriate for your city and country, what indubitably belongs to my city and country, namely, the credit of the first introduction and establishment of anæsthetic inhalation in obstetrical practice." The letter was sent to this Society, as was that other reply, from his death-bed, to Dr. Bigelow's second letter.‡ It was in recognition of the position you had already assumed, as an exponent of gynæcological science, and undoubtedly in the belief that you

* See this Journal, December, 1869, p. 370.

† Loc. citat., November, 1869.

‡ Supplement to this Journal for May, 1870.

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would assert for an injured party the opportunity for fair play, that otherwise he could not possibly have obtained here in Boston. The confidence was not misplaced. At the very meeting of the Society, upon which Sir James Simpson's communication was received, February 1, 1870, a committee was appointed, consisting of Drs. Warner, Sullivan, and Dutton, for the purpose of carefully examining into the history of modern anæsthesia, with a view to settling the disputed question as to its discoverer. Patiently and cautiously, but thoroughly, did this committee perform its work, and on May 3, 1870, at your thirty-third regular meeting, it reported, "after careful investigation of all the evidence presented, that the honor of the solution of the problem of practical anæsthesia, as distinguished from the suggestion of any especial agent, belongs, without a shadow of a doubt, to the late Dr. Horace Wells, of Hartford, Connecticut." *

This decision, adopted by a unanimous vote, was telegraphed to the Society's delegates at Washington, and upon the next day but one it was resolved by the Section upon the Practice of Medicine and Obstetrics, of the American Medical Association, that "there no longer exists a reasonable doubt, that to *Dr. Horace Wells alone* belongs the honor of having discovered and demonstrated, on December 11th, 1844, the great principle of modern anæsthesia." This repeated decision was immediately reported to the Association itself, and in open session, on May 6th, 1870, it was unanimously declared to be the deliberate judgment of the entire American profession. Thus, at last, was justice done

* See this Journal November, 1870, p. 281. The Committee had previously reported that so far as the suggestion of the especial agent, sulphuric ether, was concerned, the claim of Dr. Charles T. Jackson was far more valid than that of Wm. T. G. Morton, despite the persistent endeavors of the latter's partisans still to befog the record. See this Journal, August, 1870, p. 83, and remarks upon Morton as "the Inventor and Revealer," in the Boston daily papers for January, 1870.

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to the memory of Dr. Wells. "Upon the evening of the same day, — his earthly labors thus beautifully ended, — the spirit of Dr. Simpson took its flight."* In this manner did the Society most emphatically, fittingly, and worthily, make its mark upon the medical history of the past, the present, and all future time.†

Again, this Society, as is well known throughout the country, has thought itself necessitated to bring its influence (which the event has proved already not an inconsiderable one) to bear upon the solution of a very important State question here at home, which directly affected the honor of every physician, not merely in Massachusetts, but in the whole land. I refer to the taking from Harvard College the privilege of passing its graduates into the State Society, without examination, upon mere presentation of their diploma; while the graduates of all other colleges were kept down to the common level of running the gauntlet of an examination, and therefore in comparison degraded.

As this is a matter concerning which there has been much misrepresentation, it is fitting that I should here enumerate its main features. You yourselves understand them perfectly, but as this Address will go through your Journal to the distant members of the Society, and to the physicians of the uttermost parts of the continent, it is well that I briefly re-state them. The smoke of the contest has as yet hardly cleared away, but the great battle has been won, and the Society stands forth, as the representative of the profession at large, and the victor.

The facts in the case are the following: —

* Eulogy by Dr. Storer, at the Simpson Memorial Meeting at Washington. See this Journal, June, 1870, p. 370.

† Remarks controversial of Dr. Wells' claim, were made at the close of the President's Address, by Dr. Charles T. Jackson, one of the other claimants, and an Honorary Member of the Society. They will will be found in the Report of the Annual Meeting. — Eds.

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In May, 1869, two of the founders of this Society, Drs. Warner and Bixby, who had removed hither from the Mississippi Valley, presented themselves for admission to the Massachusetts Medical Society; it being a rule in this State, that, unless a gentleman becomes a Fellow of said Society, he is to be considered an irregular practitioner, and as such he cannot be met in consultation.

Upon applying to the Censors with their credentials, they were told — though practitioners, the one of ten, and the other of twenty-seven years' standing — that they must submit themselves to an examination of the same character as is exacted of students going up for the medical degree. Had they known of the unfair discrimination then existing with regard to applicants, they would have filed a formal protest. As it was, surprised but still taking it for granted that the rule was a universal one, they presented themselves for examination. The elder, put upon his mettle, passed with credit; the other, alarmed and dispirited, was rejected. During their examination and before its result was known by himself, having heard from one of the gentlemen of its severity, the Secretary of this Society brought the general subject of admission before the Massachusetts Medical Society, upon that day holding its Annual Meeting, and moved, that the by-law by which the invidious and forbidding discrimination referred to was permitted, should be repealed; in other words, that the medical diploma of Harvard University should be accepted by the Censors as of equal authority with that of the other medical colleges recognized by the American Medical Association, but no more. The motion was opposed by one Harvard professor, and supported by another. No vote upon the question was permitted by the President of the State Society, and it was with difficulty, almost indeed

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by force, that its reference to the Councillors for their vote, to be afterward, if favorable, concurred in by the Society at large, was obtained. The Councillors, when convened, decided that no action in the matter was necessary by the Society, and they took none whatever themselves, other than this.

In the face of so glaring injustice, and of the fact that there were scores of irregular practitioners in full fellowship with the State Society, admitted many of them upon the free pass of the Harvard diploma, below whom, our beloved associate, Dr. Bixby, was for the time degraded, the members of the Gynæcological Society felt it their duty, as a body, to take decisive action. All of them, with the single exception that I have named, were Fellows of the Massachusetts Medical Society. There was no resource to be had at home, save a disbandment of the State Society, — a measure to be deprecated, except in the last resort. You, therefore, instructed your delegates to the American Medical Association, at its meeting at Washington in 1870, to present the fact that the Massachusetts Medical Society, in its admission of Fellows, by repelling worthy candidates, and passing unworthy ones, persistently violated two distinct sections of the Code of Ethics of the Association. According to the custom of the Association, the delegates from the State Society were not received till the question had been reported upon by the Committee on Ethics. The report was such, that while admitting the gentlemen then present in Washington, out of courtesy, it was decided by the Association that no further representation could be permitted from Massachusetts, until it had set itself right with the profession of the country.

That duty Massachusetts has now done. Acting under the stimulus administered at Washington, but

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initiating from this Society, the profession of the State, many of whom had not previously appreciated the false position in which they had been placed by their virtual masters, the Councillors, hastened to wipe from its statute book, the blot that it contained, and to undo, by every means in its power, the wrongs of previous years. Its decision may be termed a unanimous one, and it virtually ordered the Councillors to concur in its vote. This they did with remarkable alacrity. The Harvard by-law was rescinded, the host of irregular practitioners expelled from the Society, and our associate, Dr. Bixby, forthwith admitted a fellow. Justice was done "et non ruit cœlum."

It would have been well for the Councillors of the State Society, had they accepted, in a proper spirit, the unfortunate position in which, through their own ill-judged acts, and the decision of the American Medical Association, endorsed by the vote of the Society at large, they found themselves placed. They desired, however, to shift the burden of their error from themselves, and so escape a very probable rebuke from their constituents at the next Annual Meeting of the State Society.

Therefore, in their anger, the Councillors voted censure upon your delegates to Washington, and took measures, as it would seem, of a peculiar character to make the stigma as public a one as possible. This is a matter still fresh in your memory. The sufferers might well console themselves with the expression of thanks you voted them, upon their return from your embassy. But the Gynæcological Society did not stop here. Assuming, as it had done at the outset, the whole responsibility of invoking the authority of the National Association, it has made the cause of its delegates its own, and has demanded for itself a formal trial, in

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accordance with the by-laws of the Massachusetts State Society. You have appointed a Committee to see that your righteous demand is acceded to. Should it be refused, it will then remain to you to again claim the protection of the American Medical Association. By your course, from the very first day of your establishment, you have won the respect of the members of that organization. Have no fear but that you will have their continued support.

Much remark has been made at the influence this Society has already shown itself to possess within the national body; and the fear of that influence has been freely expressed by your opponents and those of the Association. Your manliness, however, the wisdom that you have shown in your suggestions, and your determination to act by the profession at large as you would that its members should deal by you, have been the potent means by which that influence has been secured. Only see to it in the future, that, as your scientific recognition and authority extend, you do not grow careless of that cardinal point among men, a proper recognition of the rights of others. Bearing this always in mind, the sphere of your legitimate activity may become boundless.

That you may understand what I mean, I will briefly enumerate what you have already accomplished, with and through the American Medical Association. Binding yourselves, at your organization, ever to be governed by its Code of Ethics,* you have broken heavy chains in Massachusetts, and have secured equality therein for all members of the regular medical profession; you have assisted in obtaining from the Association and a grateful world tardy justice to the memory

* See this Journal, July, 1869, p. 15.

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of one of the greatest benefactors of mankind, shall I not say *the greatest* who has been but simply a mortal? You have secured the recommendation by the Association to all medical colleges, that they establish professorships of the science for whose advancement the Gynæcological Society exists, — a measure, the importance of which is already being rapidly acquiesced in by the colleges, and the beneficial effect of which will endure forever.

And you have commenced, as I have already said, most energetically and for the first time in Massachusetts, the pursuance of a policy recommended by the Association, so long ago as 1857, for the suppression of criminal abortion. In return for your aid thus rendered towards extending its influence and usefulness, the American Medical Association has honored yourselves. It has, by vote, entrusted you with the publication of its own Statistical History,* so valuable for reference to every one of its members, and it appointed as its representatives to the National Medical Association of the Dominion of Canada, ambassadors, as it were, to a foreign court, two of the Active Members of this Society. Was it not also for the same reason, in recognition of the great work you have already done for the profession as a whole, as well as for our especial branch of it, that your Secretary has received what I may term the crowning honor of medicine in this country, the Presidency of the Association of American Medical Editors? It was not merely a compliment that he had earned for himself by a life of professional labor, such as few men could or would endure for a single year, but it was paid also to yourselves.

There are many things, my associates, of which, had

* See this Journal, November, 1870, and January, 1871.

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we the time, I would fain speak, — more especially of my connection with the Editorial Staff of your Journal, that triple combination of youth, mature manhood, and old age, which has elicited, I may suppose from the remarks I have heard, its full share of favorable and unfavorable criticism, from an ever-extending circle of readers. From what I have already said to-night, you have judged somewhat of the scope of the work that remains to be done, before the objects of your organization, as so distinctly set forth in your constitution, can be fully accomplished. To explain the necessity of your several measures, to record the successive steps by which in each instance you reach your goal, to remove the obstacles that encumber and obstruct your path, and to take upon themselves any temporary weight of odium that might else be employed to intimidate you, — these are among the duties of myself and my colleagues. You have all of you read the stirring editorials of the present month, and have been fired anew by that missionary spirit, to whom the greatest difficulties are but the veriest trifles, the lions that *seem* to stand in your way but pasteboard toys, over and beyond all which he sees your certain triumph. I spoke a year ago of his monthly comments upon men and things, as "bold, manly, fair, and candid." So far from becoming "stale and unprofitable," as your decriers had at first predicted of them, they have grown more and more interesting and edifying. I have good reason to believe that they have been of immense advantage in furthering the ends that the Society has so much at heart. He has been charged with being your master-spirit; but he was the first of us to insist that, in the medical profession, all men must be free and equal. Already we may each of us say of ourselves (saving the speaker) in true

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Horatian numbers, "Exegi monumentum ære perennius," urbis Bostoniensis Societatem Gynæcologicam.

To give you, even in abstract, a tithe of the editorials of the past year, their telling points, their individualities, their combinations for the general aim of the Society, — the grounding, acknowledgment, and advance of Gynæcology, — would of itself serve for the whole of a lengthy and well-rounded Annual Address. It has been objected by some, outside of the Society, that the editors were compromising its members among their friends, or employing them as a shield. To these assumptions, the disclaimer contained in the Journal for the present month (January) will prove sufficient answer. It has been asserted by others that the personal argument (ad hominem) should not be employed by gentlemen; it certainly cannot be employed with truth, of gentlemen, and if resorted to without reason, this very fact becomes its own refutation. If, however, there be reason for it, it becomes not only justifiable, but at times necessary. We are told that it should be used by none save "a master's hand."* Our readers can judge as to our associate's logic, his power of language, his masterly skill. And finally, it has been said that much of your labor has been for the fostering of personal quarrels, and thus for the division of the profession into private partisans. I need not say that I believe this charge to be as unjust as it is unkind. That one of your staff, "Number Two," as he terms himself,† was forced into a battle is true; but it was because of his zeal as a gynæcologist. He was expelled from the position that he held as teacher at the Medical School of this city, — a subordinate post, to be sure, but at the time the chief delight and honor of his life; but it was simply because

* See Boston Medical and Surgical Journal, Dec. 1, 1870, p. 366.
† See this Journal, January, 1871, p. 42.

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he had turned upon his assailants, fellow-instructors of his at that school, their own weapons. He was accused of gross physiological ignorance, because he asserted, as Brown-Séquard had already done, that a certain criminal, who had been cut down from the scaffold as dead, by the officers of the law, was not at the time of his dissection "as yet a cadaver,"* and he has been called a monomaniac upon the subject by those involved in this charge. I happen, however, to have seen an affidavit, gentlemen of the Society, not as yet published, though it yet may be, *written by an eye-witness of the so-called execution*, sworn to before the Secretary of the Board of Overseers of Harvard College, and under the city seal. It bears strongly on this very important topic, and it tends to exonerate our Secretary from the aspersion that he was actuated by any but a perfectly justifiable motive in his comments upon that proceeding.

But he requires no defender. The might even in this world generally demonstrates the right, and his friends may fearlessly trust the final issue.

Such being the case, gentlemen, I may well end my address, as I did that of a year ago, "Magna est veritas, et prævalebit." It has been so with us, and it will be so with our Secretary and his work. To it the words of Allingham's "Touchstone" are not inapplicable: —

"Of heir-loom jewels, prized so much,
Were many changed to chips and clods,
And even statues of the gods
Crumbled beneath its touch.

"Then angrily the people cried,
'The loss outweighs the profit far:
Our goods suffice us as they are:
We will not have them tried.'

* See New York Medical Record, April 16, 1866, p. 73 and July 16, 1866, p. 244.

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"And since they could not so avail
To check this unrelenting guest,
They seized him, saying, 'Let him test
How real is our jail!'

"But though they slew him with the sword,
And in a fire his Touchstone burned,
Its doings could not be o'erturned,
Its undoings restored.

"And when, to stop all future harm,
They strewed its ashes on the breeze,
They little guessed each grain of these
Conveyed the perfect charm."

LOBULATED INTRA-UTERINE FIBROID TUMOR SUCCESSFULLY REMOVED.

By Wm. Symington Brown, Stoneham, Mass.

[*Communicated to the Society, and read Oct.* 4, 1870.]

Mrs. S—— B——, thirty-six years of age, married, and the mother of two children, the younger of whom was born eleven years ago, was brought to my office for examination on the 19th of last July.

Appearance anæmic; much debilitated; stomach irritable, with scarcely any appetite, and frequent nausea. During the last nine years she has been subject to copious hemorrhages, aggravated at the menstrual periods, for which she has been attended by several physicians, without much benefit.

On examination, *per vaginam*, the uterus was found considerably enlarged; the sound passed four and one-half inches. She was told that it would be necessary to dilate the womb, in order to ascertain the precise nature of her disease; and, for greater convenience of access, she took up her residence with a married sister in the adjoining town of Wakefield.

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A sponge tent was readily inserted on Thursday, July 21st, allowed to remain five hours, and a second tent inserted, which was removed next morning. On account of the extreme heat of the weather, and the near approach of her menstrual flow, nothing more was attempted till Friday, July 29th, when a third tent was inserted, removed after five hours, and replaced by an extra large sponge tent, which was allowed to remain over night. On its removal, the presence of a lobulated fibrous tumor, attached to the body of the uterus, and especially to the posterior wall and fundus, could be distinctly felt.

The patient and her husband were informed of the state of affairs, and a consultation recommended, to which they cheerfully consented. Dr. H. R. Storer, of Boston, was consulted, and agreed to visit and operate, if thought advisable, on the following Tuesday (Aug. 2d). He was unfortunately prevented from attending by personal sickness. Dr. Sullivan, of Malden, Drs. Stevens and Brown of Stoneham, and Dr. Abbott, of Wakefield, were present. The patient was fully etherized; a sponge tent, which had been put in on the preceding evening, removed, and a portion of the attachment broken up by the fingers and scissors. Several attempts were then made to pass the chain of an ecraseur around the base of the tumor, but, on account of the narrow space and the firmest part of attachment being at the fundus, without success. The patient had now been three hours on the table, during which time she occasionally required strong stimulants, and although very little blood had been lost (less than two ounces), a majority of the surgeons present were of opinion that it would not be advisable to proceed with the operation that day. To have done so would have necessitated slitting up the cervix on both sides, a step sometimes

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followed by profuse hemorrhage; and the patient could not afford to lose much more blood.

She rallied well, and passed a good night.

A week later, Tuesday, Aug. 9th, at eleven o'clock A.M., the patient was again etherized, in the presence of Drs. Storer, Sullivan, Abbott, and Brown. The cervix was thoroughly dilated by means of a rubber bag, filled with water, but it soon contracted again. The cervix was then partially incised by Dr. Storer, and an unsuccessful attempt made to pass the chain of an ecraseur around the tumor.

At this stage, Dr. Cutter, of Woburn, arrived, and also made a similarly unsuccessful attempt to pass the chain. He had fortunately brought with him a new instrument, capable of being attached to the large ecraseur, for operating in deep cavities. It consists of a flattened brass tube, eight inches long, three and one-sixteenth inches broad, and one-sixteenth inch thick. The tube is soldered to a round nut, which screws on to the socket, into which the branches also fit. Annealed iron wire is employed as the cutting agent. The tube was bent so as to form the arc of a circle with a radius of six inches. An oval loop of wire was formed, one and one-half inch long and one inch short diameter, and passed into the uterus by the side of the growth; the loop was then expanded and passed over the tumor with the aid of the tube, finger, and a blunt-ended sponge-holder. Traction was made, the finger following the wire, until the section was completed.

After the tumor had been thus detached, it could not be removed from the uterus, on account of its bulk, being nearly as large as the fist, until cut into three pieces by Dr. Cutter's apparatus. Even then it was with great difficulty and the application of much force, that

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Dr. Storer finally succeeded in "delivering" the two larger sections.

During this operation, which lasted fully three hours, stimulants were occasionally administered; but she rallied from the anæsthetic (Squibbs' ether) even better than on the previous trial. The urine was drawn off by catheter at five and eight o'clock, P.M.; at eleven P.M. she passed water voluntarily; nor did the catheter require to be used again. No untoward symptoms of any importance occurred during recovery. Her appetite gradually improved; and within two weeks after the operation she was able to be moved to her mother's house in Lynnfield (a distance of three miles), for convenience of nursing; and in less than four weeks later returned to her own house in Peabody.

The after-treatment was exceedingly simple. Washes of weak carbolic acid (five grains to the pint of water), alternating with the solution of permanganate of potass, were employed to remove discharges from the vagina, the odor from which was never very offensive. Iodized olive oil was used externally over the chest; and syrup of the hypophosphites of lime and soda given internally.

About five weeks after the operation the menstrual flow set in, and lasted nearly five days. The uterus, which had been much prolapsed, has returned to its normal position, and the incisions in the cervix have healed.

In several respects, this case is remarkable. Prof. Klob, of Vienna, says that the lobulated variety of fibroid polypus is rare.* But the principal interest centres round the method employed for the first time in this case to detach the growth. When operations are

* Pathological Anatomy of Female Sexual Organs. American ed., p 149.

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necessarily conducted in narrow cavities, it is of the highest importance to have the instruments as small as possible. That Dr. Cutter's flattened tube possesses the advantages of compactness combined with the requisite strength, was clearly shown in this case by the successful result. Most surgeons who have used Chassaignac's ecraseur will admit that the "kinks" or knots formed by the chain are annoying to the operator, and often foil him in effecting his purpose. To obviate this very difficulty, Dr. J. Marion Sims invented a complicated addition to the ecraseur, called a porte-chaine,* which in other hands has failed, and is now laid aside as impracticable. This little instrument of Dr. Cutter's, originally intended for operations in the throat, answers so admirably for certain uterine tumors that it seems impossible to simplify it further.

It may be added that the rapid recovery, uncomplicated with bad symptoms, was greatly helped by the cheerful courage of the patient herself, and the careful nursing of an intelligent mother.

EDITORIAL NOTES.

In discussing, last month, the question of Endowed Chairs at the Medical College, as against the present fee system, of salaries depending upon the size of the class, we took occasion to allude to certain reasons for which, at present at least, it would not be well to render the professorships a sinecure. We showed, from the Faculty's Annual Address for the current year, the

* Clinical Notes on Uterine Surgery. American ed., p.79.

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speciousness of their plea for an increase of wages, and pointed out their admission that they can make very great advances towards a reform in medical education as matters now stand, — if they but choose.

That admirable address, heterodox as it would have appeared a year ago, portrayed in glowing colors the Harvard School as it ought to be. So far, we all of us must agree with it; our only difference, it would seem, is as to how the so desirable end can be obtained. It was proposed by Prof. White and his faculty to adopt, almost word for word, the classified curriculum of the American Medical Teachers' Convention, which these gentlemen had hitherto persistently refused to approve. Personally, we should delight to see our Harvard friends at the head of every movement for the general professional welfare. The only question is as to how they can most honorably place themselves thereat.

The change, it is claimed, would go far towards enabling the Harvard School to accomplish the sudden flank movement it is now attempting upon all the other medical colleges. It "would force the best existing schools," says Prof. White, "in turn, up to a higher level." Their improvement we certainly desire; but would it not be better, all things considered, and more particularly Harvard's course in the past towards the Conventions of Medical Teachers, and the repeated efforts of the American Medical Association to persuade the Boston School to the very advance it is now so anxious to make, — would it not be better for that new convert to join Yale and Chicago, and a few others who have all along been seeking its aid, than now, at this late day, to turn and endeavor "to force" those who, in fact, have forced it. Those entering the vineyard at the eleventh hour receive their pay, and sometimes it is as much as do they who have borne the heat and burden

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of the day. It is hardly right, however, that it should be more, or that the loiterers should claim to have performed the whole of the labor.

It is possible, — we do not like to suggest the idea, — but it is possible that, after all, this sudden leap of the school towards what it may deem a greater freedom from restraint, and towards greater power, is intended as in defiance of that controller of bodies corporate, the American Medical Association. In the light of the past this may well be; but is any one foolish enough to imagine that the world will not see matters in their true light? There were certain high contracting parties to a well-known bargain here in Massachusetts, not exactly in accordance with the Code of Ethics of the American Medical Association. Detected and exposed, they have been compelled "to wheel into line with those whom they had betrayed, and to keep step again to the music of the Union." A quickstep it is indeed, just at present.

To Prof. White, as an individual, great credit is due for the position in which, willing or unwilling, he has now placed his faculty. We can well forgive some things in the past, for this act and for his late resignation, with Drs. George Derby and P. P. Ingalls, from the Board of Consulting Physicians to the City of Boston.* Their wise counsels ignored, they could only do as their predecessors of the year before, and resign; therein placing in no enviable light their colleagues, who preferred to eat the dirt, and retain their paltry posts.

HAVING WRITTEN THUS MUCH, we are informed, from

* See the excellent letter to the Mayor and Aldermen, Health Commissioners of the City of Boston, published in the "Daily Advertiser" for December 6th, 1870.

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head-quarters, that the Annual Address of the faculty, upon which we have been commenting, is anything but an exponent of the real sentiments of that august body. We are not easily astonished, but we confess to having thrice experienced a most delightful sense of bewilderment, first, at the bold and sensible positions assumed by Prof. White in his address; secondly, that they should have been published as the views of his faculty, in utter subversion of their previously consistent course; and thirdly, that it should now leak out, the irretractable deed having been consummated, that there has been a most grievous division in their councils after all.

The address, it would seem, was just a bitter yielding to that inevitable "must," of which we spoke last month. There will have to be more of that yielding still. When a professor admits to a student that "there is so much bickering among his colleagues" that he cannot accomplish some trifling thing he would like to do; when another professor lays down from his desk certain rules of treatment which his assistant, perhaps the same day, contradicts to the class; and when outside influences, till now unknown there, are being rapidly implanted within that magic circle, there is great hope of the future. Who would have dreamed, a year ago, that a gentleman could have been received by the faculty as one of its members, who, it is said, was till that moment personally unknown to them all; or that another appointee was so far a stranger that, after his election, it was necessary for him to call upon his associate in the chair to introduce himself to him?

These changes, at first so startling, succeed each other with great rapidity. The new policy is far wiser than the old. Had it obtained before, some of the chairs would have been very differently filled than at present, and President Eliot would have far less to do,

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in his efforts towards making of Harvard the grand University of America.

But what has all this to do with the question of payment by fees, or by endowment? A very great deal. Endowed, the school can throw itself back upon its dignity, steeled, it may try to persuade itself, against all outside pressure. At present, it is forced to render due and respectful attention, and, withal, to move. Was it established as a haven for disabled or unsuccessful practitioners? As a perpetual transmittendum from patron to parasite, himself in turn to become the legator? By and by we hope to see its chairs filled only by concours, — the right man, whoever he may be, taking precedence of every other. Is it not in anticipation of that good time, that Fitz, with the appropriate missionary name (Reginald Heber), has just been appointed to teach Pathological Anatomy, for which he is said to be so well fitted; and even while we were longing for more of the "Knickerbocker leaven," * Edward Dalton, of New York, chosen Physician to the Massachusetts General Hospital, instead of any of the stayers-at-home, so long upon their knees for that very post? We have foretold much that has occurred. We predict still more to come.

THE SEED LATELY SOWN by the Councillors of the Massachusetts Medical Society already gives promise of an abundant harvest next May, at San Francisco. Unsolicited, there has come to us, from other States, more than one assurance that the upholders of the authority of the American Medical Association will not be per-

* See this Journal, November, 1870, p. 328.

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mitted to be censured therefor, even in Boston. We can well afford to be traduced by "the common enemy," when upheld by the profession itself. The following extracts from a letter from Georgia are in point: —

"I have seen, through the 'Journal,' that you and Dr. Sullivan have been censured by the Councillors of the Massachusetts Medical Society for entering a protest against the admission of the delegates of that Society to seats at the last meeting of the American Medical Association. I am pained to see that, while the Councillors have acquitted you and Dr. Sullivan, upon ethical grounds, in justification of your action, they yet go behind that action to rebuke your motives. I am rejoiced, however, to know that your action, morally and professionally, has been sustained both by the Massachusetts Medical Society and by the Gynæcological Society, as well as by the action of the American Medical Association.

"It is very clear that no one can, with any show of justice, assail the motives of another, when the act objected to is declared to be based and founded upon the principles of right, and to have received the endorsement of the highest tribunals. Only when the act is wrong, can the motives inducing the act be liable to be suspected to be also wrong. With the profession at large, the motives, whatever they may be, influencing the members of the Massachusetts Medical Society or those of the Gynæcological Society, have nothing to do. Professional men at a distance, untrammelled, must consider and arrive at conclusions from facts.

"The facts show who maintain and support principle or ethics, and who depart from either or both. And each individual member of the profession, in vindication of his private as well as his professional character, must

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support the truth. The question with the profession is this: Did Drs. Storer and Sullivan do their duty, as true representatives of a common profession and as members of local societies, in offering this protest against the recognition of the delegates of the Massachusetts Medical Society, upon the ground of irregularities in that Society, as entitled to seats in the American Medical Association? To this only one reply is made. Both the Massachusetts Medical Society and the American Medical Association respond that they did. Here that question must, and will, forever rest.

"The next question is, Did the Gynæcological Society do right in instructing Drs. Storer and Sullivan to offer the above-mentioned protest to the American Medical Association? We answer: The various rulings and decisions of the American Medical Association will and do sustain them. And they will not only be sustained by the Association, its Constitution, and Code of Ethics, but by the principles governing gentlemen of honor, in assuming all the responsibility of the protest offered by Drs. Storer and Sullivan, and declaring that the attempt to censure these gentlemen is an insult to themselves, which should demand a trial by the Massachusetts Medical Society.

"I assert that the 'conditions imposed' by the American Medical Association upon the Massachusetts Medical Society, with reference to future representation, were not 'ill-considered and unwarranted,' but were, on the contrary, well-timed and well-merited. The 'condition' imposed was to 'purge out irregular practitioners' from its body. These conditions were so just, and the cause for action so flagrant and notorious, that even the Massachusetts Medical Society, by resolution, did purge itself of its irregular members, thereby admitting the justness of the charge. No 'formal representation' to the Ameri-

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can Medical Association, 'with a view of procuring a reconsideration of its action,' will weigh one iota with the Association, until the Massachusetts Medical Society shall acknowledge its fault, and promise strict adhesion to ethical law in the future. 'A party under sentence of non-representation,' or of excommunication from that Association, can only be restored to fellowship and recognition by repentance, acknowledgment, and reconciliation of ethical violation. The future holds in reservation no good to those who would defy the Association, and at the same time seek to maintain connection with it.

"All honorable men of the profession, wherever they may live, must adhere to the letter of the Ethics; and all who do must be sustained, or what little honor is left in the profession will be lost."

In the records of the Society, printed the present month, will be found a communication from Dr. Brooke, of Reading, Pa., that, in connection with a document we now publish, will be found of great interest. The two give the history of an attempt upon the part of a Medical Society to violate the Code of Ethics of the American Medical Association, by refusing to uphold its authority, and of the efficient means resorted to by those acknowledging it, to redeem themselves from the taint of dishonor. There was a time when it seemed as though the necessity for a similar disbandment might obtain here in Massachusetts, but we trust that it has passed. We believe that the State Society acted in good faith, when it expelled all irregular practitioners from fellowship.

The following is the document alluded to, it being an

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official account of the dissolution of the Berks County Medical Society of Pennsylvania, forwarded to us, in accordance with a vote of the Society, by its Secretary: —

"READING, PA., November 22d, 1870.

"The regular quarterly meeting of the Berks County Medical Society was held this afternoon, at one o'clock, at Stauffer's Hall, No. 521 Court Street, in this city.

"The following gentlemen answered to their names, namely, Drs. Wallace, Mathews, Ulrich, Edw. Brobst, Brooke, Shearer, Coblentz, Weidman, Byerle, Kurtz, J. Brobst, Stearly, Dundore, Turner, Kalbach, Kuhn, Ammons, Rhoades, Conrad, Hausberger, Kreye, Weber, Seaman, Moore.

"The minutes of the preceding meeting were read and approved, a motion having been made and carried to omit the reading of the affidavits and testimony accompanying the different reports of the committees.

"Dr. Joseph Coblentz moved that the regular order of business be suspended, in order that he might introduce a series of preambles and resolutions; which being granted, he requested the Secretary to read the following: —

"'*Whereas*, The objects of this Society, as defined by its Constitution, are to cultivate the science of medicine and all its collateral branches; to elevate and sustain medical character; to encourage a system of medical etiquette, and to promote mutual improvement, social intercourse and good feeling among the members of the medical profession; and

"'*Whereas*, At its stated meeting, held in this city on the 16th day of August last, this Society, in response to an effort made to preserve its integrity and to maintain

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the honor and dignity of the profession, did so demean itself, as not only utterly to destroy its usefulness, but also to bring odium and contempt upon the organization itself, as well as disgrace upon the profession in general; and

"'*Whereas*, As a legitimate consequence of such action, in direct violation of Sect. 9th, Article 5th, of the Constitution of the Medical Society of the State of Pennsylvania, we must necessarily be deprived of all connection with that Society, and our delegates be excluded from its annual sessions; therefore

"'*Resolved*, That whilst we deplore the necessity that is laid upon us, self-respect as well as a due regard for the opinion of our professional brethren demands, that we should disband the 'Berks County Medical Society,' and accordingly we do hereby disband the same, as the only practicable method by which we can be relieved from the unfortunate dilemma in which we have been placed by the disreputable conduct of a portion of our fellow-members, give conclusive evidence of our loyalty to the profession, and be restored to fellowship in the State Society and the American Medical Association.

"'*Resolved*, That the proceedings of this meeting be published in the "Transactions" of the State Medical Society, in the "Medical and Surgical Reporter," the "Medical Times" of Philadelphia, and the Boston "Gynæcological Journal."'

"Adopted without a dissenting voice, when the President declared the Society *disbanded*.

"W. MURRAY WEIDMAN, M. D.,
"*Recording Secretary*."

An excellent deed, well accomplished. Phœnix-like, the Berks County Medical "Association" has already risen from the ashes of the old organization. It is com-

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posed only of men who uphold the authority of the American Medical Association.

Deaths from Sulphuric Ether, it will be recollected, were for a long time persistently denied to ever occur, by the Committee of the Medical Improvement Society, and others, who defended, no doubt sincerely, that peculiarly Boston notion. It was not till the subject was mooted by the Gynæcological Society,* that the grave doubts which had all along, and extensively, been held, even in Boston, began to assert their existence. It is therefore no slight sign of the changing times that, very shortly after the publication of the paper Dr. Henry A. Martin had communicated to the Society, upon "Deaths from Sulphuric Ether; its Relative Mortality probably higher than that from Chloroform," † the Journal which had all along claimed for ether that it was "inevitably safe," should have admitted to its columns the case of death reported by Dr. Walter Burnham, of Lowell. ‡ Emasculated, however, as that report was attempted to be by our brother editor, — so unjustifiably, and every reader of the case must say, so untruthfully, — Dr. Burnham may well point us to one of the most recent of that gentleman's representative utterances: "Standing," he says, "as we do, at a period in history pregnant with great interests, national, educational, and *moral*, as well as medical, the public demands that those who have an influence in forming public opinion should exert their power strictly in accordance with the dictates of wisdom, *honesty, and jus-*

* See this Journal, December, 1869, p. 380.
† This Journal, July, 1870, p. 76.
‡ Boston Medical and Surgical Journal, Dec. 8, 1870, p. 377.

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tice. An intelligent public is willing to be led, but *the very intelligence of the community quickly challenges a misstep in its teachers, and demands retraction of a false opinion.*" *

The deaths from sulphuric ether reported by Drs. Martin and Burnham are as typical of cause and effect as any that have been recorded from chloroform. We now present the notes of a third, that has lately occurred in this vicinity. It will be noticed, towards the close of the report, that the previous application to the patient's leg of a wash or ointment that may have contained arsenic, though the possibility of this drug's having been employed is a mere assumption, is suggested as having predisposed the patient, otherwise in excellent surgical condition, to death from anæsthesia. This astute idea, we are informed by the reporter, originated with the Boston surgeon who, of those at present living, most identifies himself with sulphuric ether's "inevitability." The suggestion could certainly have emanated from no less an authority.

Dr. Davis's statement that, previous to the operation, "the action of the heart was found to be normal in all respects," will be particularly noticed; as, also, his concluding sentence: "This must be said, that ether certainly did not in this instance abolish shock and save life; and that my confidence, which has hitherto had very slight limitation, in its entire safety, is somewhat shaken." He but expresses the opinion of a daily increasing number of Boston surgeons.

"FALL RIVER, Dec. 19th, 1870.

"DEAR DOCTOR: — Professional and business cares have so fully occupied my time and mind as to prevent

* New Year's Editorial in the Boston Medical and Surgical Journal, January 5, 1871, p. 14.

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an earlier compliance with your request relating to the case of the late Hon. E. P. Brownell.

"Mr. Brownell had suffered for seventeen years from cancroid disease of the tissues, covering the anterior and lateral surfaces of the tibia, and which at the time of his death extended from about two inches below the upper extremity of the bone to the ankle joint. The disease had extended rapidly within the last two years of his life. For a period of at least six months prior to his death escharotics had been applied by a special practitioner, which had produced great pain, and had evidently hastened the destructive progress of the disease.

"On the 10th of July, of the present year, when I was first called to the case, the surface of the cancerous ulcer was covered by a slough, resulting from an escharotic application, and the entire leg was swelled and painful.

"Examination disclosed no tenderness or induration of the inguinal glands, and the thigh appeared healthy. He was not greatly emaciated, and did not present indications of extreme debility.

"I advised amputation of the thigh, as furnishing the only hope of relief; but urged him to consult a Boston surgeon of acknowledged reputation, as I did not desire him to rest so weighty an issue upon my unaided judgment.

"He assented to this, but stated that he had already consulted several physicians whose opinions coincided with mine, and that he was fully convinced of the necessity of amputation; and added that he desired me to perform the operation. He was again seen by me on the 20th, and found to be somewhat improved, the inflammation and swelling having diminished.

"He was again urged to consult the surgeon above referred to, and did so through his son, and informed

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me that his professional opinion, formed upon the statement of his son, favored amputation.

"I did not again see him until the 4th of September, when he had fully decided upon the propriety and necessity of amputation, and sent for me to make arrangements to that end.

"The appearance of the limb was much the same as when last seen. There was slight tenderness in the groin, which he said had existed for a few days, but no induration.

"His general condition not much changed, but showing some loss of flesh and strength. He was coughing slightly, but had no pain in the chest or difficulty of respiration, and was inclined to regard it as the result of a slight cold, and quite trivial.

"The action of the heart was normal in all respects.

"On the 6th the operation was performed; the antero-posterior flap, in the lower third of the thigh.

"Present and assisting, Drs. Hartley and Bowen of Fall River, White of Adamsville, and Kidder of Westport.

"The patient walked firmly into the room, and placed himself upon the operating table. The anæsthetic used was rectified sulphuric ether.

"It was given by Mr. White, who has had much experience in its administration, and Dr. Kidder was requested to aid him; while Dr. White, an experienced and skilful physician, held the patient's pulse. The inhalation of the ether produced spasm of the glottis, which soon passed off. There was also more prolonged rigidity of the voluntary muscles than is usual. When relaxation followed, Dr. White remarked that he thought the pulse rather feeble.

"The operation was postponed for a few moments,

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when the doctor stated that the circulation had regained a fair degree of force.

"The operation was then proceeded with. The instant that the anterior flap was formed, my attention was directed to the patient's face, and its expression left me to fear that he was sinking. The operation was promptly concluded, and measures taken to rouse the failing powers. Ammonia and brandy were administered; cold water dashed upon the face and chest; Marshall Hall's method for relieving asphyxia was resorted to, but to no efficient purpose. He never recovered consciousness, and died in about forty-five minutes after the operation. The thigh was unusually large; of course the wound from the incisions would be extensive. The hemorrhage was not more than average in quantity, and was chiefly venous.

"The tendency to venous bleeding was marked, so that it was deemed necessary to tie two of that class of vessels. This would seem to indicate a degree of asphyxia, greater than is usually present during anæsthesia.

"What was the cause of death? Was it chiefly, or at all, due to the administration of ether? Upon this point I confess to an inability to form a decided opinion, or to speak with confidence. It may be remarked, that the agent was not kindly taken; at first it was inhaled with difficulty, and its influence was depressing, though not alarmingly so. As student and physician, my medical life covers the period which has lapsed since the discovery of the anæsthetic properties of ether, and during that time I had witnessed many cases, when the symptoms were as unpromising, and I had never seen a fatal result. The caution shown in the case was merely to guard against possible dangers, and did not proceed from any special apprehensions.

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"At the moment of the commencement of the operation, his condition was apparently not unfavorable, and I dismiss at once, as untenable, the hypothesis that the anæsthesia alone would have proved fatal.

"There were facts in his case which would render him peculiarly susceptible to the shock which is liable to attend grave operations.

"His mental and physical labor had been for many months unremitting and excessive. He was a member of the last Legislature, and chairman of an important committee, upon which much work was imposed. His business as a cattle-dealer required his presence at Brighton twice a week, and he usually visited his home, at a distance of about sixty miles from Boston, weekly.

"While thus occupied he got but little rest, owing to nocturnal pain in the limb, and was unable, for several months, to lie down. Doubtless his exhausting labors and the weakening influence of a painful and fatal disease, with the added suffering resulting from treatment, and the prostrating effects of arsenical poisoning by absorption from the diseased surface, of which his marked pallor and the presence of œdema furnished strong indications, all contributed to sap more fully and perfectly his vital force than was supposed. In view of these facts, it is impossible for me to determine whether Mr. Brownell's death was wholly due to shock, or partly to the anæsthesia from ether. This must be said, that it certainly did not, in this instance, abolish shock and save life; and that my confidence, which has hitherto had very slight limitation in its entire safety, is somewhat shaken.

"Very truly yours,

"R. T. Davis, M.D."

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"We have read the above communication, and concur in the statement of facts and views, so far as the case came under our observation.

"JAMES W. HARTLEY, M.D.,
S. W. BOWEN, M.D."

MANY MONTHS SINCE,* we called for the publication, by Dr. Swan of this city, of the facts in his possession concerning what had already become a very notorious medico-legal case. A knowledge of these facts had become necessary, because upon them was to be decided, in one way or the other, the character, both as a practitioner and a truth-telling man, of Prof. Charles E. Buckingham, of Harvard College; and we promised, should their publication place it in our power, to do all that we could to palliate or remove that person's deep disgrace. †

Dr. Swan's defence has at last appeared, ‡ and we hasten to its consideration. The charges that had been published by Dr. Buckingham himself, as having been made, were the most terrible that can attach to a physician; to be said to have caused a patient's death by ignorance and neglect, bad as it would be for an ordinary practitioner, is worse for a college professor, for from those to whom so much is given, much must be required. They were upon every man's lip, not in this city alone, but throughout the country, — for Dr. Buckingham would seem to have sent his pamphlet, which initiated the whole scandal, not merely to every medical journal, but to hundreds of distant practitioners who

* See this Journal, May, 1870, p. 307.
† This Journal, August, 1870, p. 112.
‡ Boston Medical and Surgical Journal, November 17, 1870, p. 326.

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were known to him only by name, as we have been informed by some of the gentlemen themselves. It is unnecessary for us to state the charges in detail; they were authenticated by the affidavits of several reliable witnesses. They could only be shaken by the testimony of one man, and that man, Dr. C. W. Swan.

Under these circumstances, and the close personal intimacy known to exist between Drs. Swan and Buckingham, it was to have been expected that an attempt at exculpation of the principal — we will not say, by his accessory — would at once be made. But such did not occur, and the very delay at a time of such anxious expectancy was looked upon as of itself a bad feature in the case. From September, 1869, till May, 1870, three-quarters of a year, Dr. Swan preserved the wretched secret. We then demanded that his silence be broken, out of respect for the honor of the profession, if not for that of Dr. Buckingham, and just a fortnight after, on May 14th, he made the long-looked-for statement to the Obstetrical Society, of which the accused professor was at the time, as he is still, the president. Dr. Swan's paper was read, in person, by Dr. Buckingham.

We were at once informed of the so-called defence and we looked, with every one else, for its immediate publication in the College Journal. Months passed by, and men still waited in vain. It began to be said that, in capital causes, defences delayed render judgment more certain, and in pity to Dr. Buckingham we again called for "the explanation that it has been understood has been read before the Boston Obstetrical Society," and fearing lest the professor might not have been allowed fair play at the hands of our contemporary, we offered "to place our pages at the disposal of parties interested."* As the result, six months and a day after it was made,

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and fourteen months after the occurrence of the case, Dr. Swan's defence has now been published.

For this so fatal delay, there can be but two possible excuses,—the one, that there was no real defence of Prof. Buckingham that could be made; the other, that Dr. Swan feared lest his statement of the truth might be thought, by the profession, to implicate himself in the charge of ignorance and neglect, as well as Dr. Buckingham. Had he come out at the very first, like a straight-forward, honest man, he need have had no anxiety concerning the latter of these points.

Does the defence now made exculpate Prof. Buckingham? Not in the least. Of what did the patient die, shock or post-partum hemorrhage? Evidently the latter. Were the remedies resorted to that, in such cases, to quote the language of the elder Dr. Storer, are "familiar to the merest tyro in the profession, and imperatively demanded"? They are not mentioned by Dr. Swan. Was even simple pressure over the abdomen continued after the symptoms became alarming? It does not seem to have been. Is there any evidence that, with these two physicians present, there were any really efficient measures taken to save the woman's life, or that tends to disprove one word of the statements of the several witnesses whose affidavits have so long been before the public? There is none.

Such being the case, we make no further comment.

* This Journal, August, 1870, p. 113. See also Jan., 1871, p. 15.

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THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. IV.] MARCH, 1871. [No. 3.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

FORTY-FIRST REGULAR MEETING, SEPTEMBER 6, 1870.

THE forty-first regular meeting of the Society was held at Hotel Pelham, on the afternoon of September 6th, 1870, the President in the chair. Present, Drs. Lewis, Weston, Martin, Warren, Sullivan, and Storer; and, by invitation, Dr. Hanscom, of East Somerville.

The records of the last meeting were read and accepted.

The Secretary presented, in behalf of Dr. W. M. James, of Whitesboro, N. Y., a Corresponding Member, the report of a case of

CONGENITAL UTERINE ATROPHY.

"I have now a case of non-development of the uterus and associate organs, mammæ, clitoris, ovaries, etc. The uterus has no cervix apparent to the touch or inspection. I can feel a small uterus, like a babe's, which measures about one inch in depth. Its canal is suf-

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ficient to admit an ordinary sound, and its open mouth is like a little lip on the anterior vaginal wall. The patient is about thirty years old, and never menstruated but once, and that five or six years ago. She was married three years since, and is conscious of sexual desire. This desire evinced itself at the usual age, as did also the pubic growth of hair, though this is rather scantily supplied. She is large, but has no appearance of beard, or indication of masculinity in the voice.

"Is it possible, or even probable, that stimulating applications to the internal surface of the uterus may succeed in making it grow more, and attain its wonted or natural function? Like most of her sex, the lady desires to be called mother, and wonders why she cannot."

Dr. Sullivan stated that at the present time he had under observation three cases of Dr. Storer's, similar in character to that described by Dr. James.

Dr. Storer, in answer to the question propounded by Dr. James, whether it were possible by treatment to induce development of the uterus towards its normal condition, remarked that there were several important points to be taken into consideration.

In the first place, putting aside instances of absence of the uterus, of which it would be recollected a case had been very lately reported to the Society by Dr. Garratt,* and in which there might or might not be the existence of ovaries, and a more or less marked attempt at a menstrual molimen; and instances of senile atrophy, which occurring at the proper period were, though accompanied by fatty degeneration, yet perfectly normal, there were observed in practice several types of dwarfed uterus; namely, those resulting from arrest of

* See this Journal, September, 1870, p. 181.

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development, from excessive puerperal involution, and from anticipation of the climacteric; the latter being as a general rule complicated with one or another form of organic disease of the uterine walls. These several conditions, it would be found, were to be still further subdivided. Arrest of development might and did occur during fœtal or infantile life, or girlhood. Super-involution, or puerperal atrophy, might be the result not merely of labor at the full period, and in consequence, or not, of over-lactation; but it often followed abortion, whether accidental or intentional. In the latter instance, as was very well known, the case might be complicated with distortion of the uterine axis, succeeding upon traumatic lesion in the attempt to produce the miscarriage. There was still another form, as yet he believed undescribed, where acquired atrophy obtained in early menstrual life, and wholly independent of impregnation. Of this he had seen a single well-marked instance, which he would report to the Society at some future period. He was speaking, it would be recollected, of atrophy of the entire organ, and not of shortening of the uterine cavity while the external length remained the same, and not of a change in the relative thickness of the uterine walls, nor a change in proportion of the neck or fundus, as compared with each other.

In these several cases, Dr. Storer continued, the chance of any benefit from curative measures would be seen to very materially vary; and yet he had seen benefit to the general as well as to the local health, in more than one instance, when at the outset attempts at improvement might have been supposed to be necessarily futile.

As a general thing the best results were obtained from agents applied within the uterine cavity, introduced as far as the extent of this admitted. At times stimulants

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produced the most benefit; at others the pressure of a foreign body, as a sponge or sea-tangle tent, or a metallic or hard-rubber bougie, the pressure and irritation of which, however, was closely analogous in its action to that of the so-called alterative or stimulating drugs, that were applied in powder, solid or solution. He had himself of late years, as formerly, placed much reliance upon galvanic metal stems, or intra-uterine batteries, discussed by the Society at a former meeting.* It was a curious fact, easily explainable, however, that by the same method of treatment the two extremes of condition, super-involution, or uterine undergrowth, and sub-involution, or uterine overgrowth, might both be very materially benefited.

Dr. Sullivan believed from his own experience that uterine atrophy was much more frequent than is generally supposed. He was also inclined to think a larger proportion of these cases amenable to treatment than he had formerly himself imagined. He would ask how much chance there was of effecting improvement in strictly congenital cases.

Dr. Storer replied that this would of course depend in a very great measure upon how much of the uterus was present, that is to say, upon how nearly it approached the normal standard. Cases where there was a certain amount of menstrual discharge were more favorable than where there was none; and even a vicarious discharge through some abnormal channel, as the lungs, rectum, or nares, was favorable, showing an attempt at the molimen, and that the uterus would be more likely to be in a responsive mood to the ovarian influence. In a certain proportion of cases the condition might be described as simply a delay of or-

* See this Journal, June, 1870, p. 339.

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ganic puberty, — to be artificially brought on just as we so often do with functional puberty.

Dr. Lewis, the President, remarked upon the advance that had been made in the intelligent conduct of cases such as have been described. In the early years of his practice no one would have dreamed of developing a uterus that in size was below the normal standard.

Dr. Weston reported a case of apparently spontaneous separation of the funis from the placenta during parturition, no force being employed, the child being born living, the cord of usual length, and so far as could be judged not coiled about the neck or an extremity.

Dr. Martin had seen several instances in which the cord separated in this manner with remarkable ease. He had thought that at times there was a partial and localized decomposition of it in utero, thereby rendering it extremely fragile.

Dr. Sullivan related a case where nearly the entire funis was expelled some three days before the fœtus, the latter of course being dead. A slough had here undoubtedly taken place.

Dr. Martin described an

IMPROVED UTERINE TENT,

of his own device,— a combinement of sponge and laminaria, — and promised to exhibit specimens at a succeeding meeting. He considered it of great advantage to pass a bit of copper wire through the stalk of the laminaria, when drying, to prevent shrinkage and flexion. He had also found it of use to introduce the tent in this manner.

Dr. Martin inquired of the Society how frequent it was to find in the sac thrown off during abortion no

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trace of fœtus or cord. He narrated a case in point that he had lately attended, where the pregnancy had evidently advanced to nine weeks, and he had seen perhaps a dozen others of similar character.

Dr. Weston referred the Society to the cases he had reported at a previous meeting,* where the placenta had gone on nearly to the development of the full period of pregnancy, while the fœtus was very trifling in size.

Dr. Sullivan had seen several cases of the character described by Dr. Martin.

Adjourned.

FORTY-SECOND REGULAR MEETING, SEPTEMBER 20, 1870.

The forty-second regular meeting of the Society was held on the evening of September 20, 1870, at Hotel Pelham; Dr. Wheeler, in the absence of the President, occupying the chair. Present, Drs. Wheeler, Martin, Warner, Field, Blake, Cutter, Bixby, Weston, Sullivan, Warren, and H. R. Storer, and Dr. W. Bayard, of St. John, N. B., Corresponding Member.

The records of the last meeting were read and accepted.

The following donations to the library were announced: From Dr. Ely Van De Warker, of Syracuse, N. Y., his paper upon Sunstroke and its Theory; and from Dr. Wm. H. Davis, of Cincinnati, his Report upon Vaccination, rendered to the State Medical Society of Ohio.

Dr. Cutter exhibited to the Society, and described, an instrument for ascertaining the length of the vagi-

* This Journal, August, 1870, p. 71.

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nal walls, with reference more particularly to the fitting of pessaries, which he would denominate

THE VAGINOMETER.

[Dr. Cutter's paper is published in the present number of this Journal.]

Dr. Bixby had endeavored to obtain the same result, when fitting Hewitt's anteflexion pessary, by admeasurement by the uterine sound.

Dr. Cutter pointed out that so accurate mensuration could not be obtained in this manner, the point of the sound pressing somewhat into the soft tissues, which could not occur with his own cross-bar.

Dr. Warner thought that the new instrument would prove of advantage for backward displacements, but did not see how it could be of much benefit when the fundus was thrown forward.

Dr. Martin asked Dr. Cutter if his pessary had been modified for forward displacements; and was informed that it had been. He did not see why the anterior wall of the vagina could not be measured as well as the posterior.

Dr. Cutter acknowledged that there were cases of forward displacement, where the anterior cul-de-sac seemed entirely effaced. Here the vaginometer and his pessary were alike useless, and an intra-uterine stem was indicated.

Dr. Warner thought that anterior displacements could scarcely ever be replaced by the finger alone. They almost always required the use of the sound, which was not so universally the case with displacements backward. To this Dr. Cutter agreed. Dr. Warner had never found any benefit for anteflexion from any pes-

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sary save a stem. For anteversion other forms might occasionally be of use.

Dr. Sullivan inquired if Dr. W. referred to the double flexion forwards ("crooked-neck squash"), and was answered that it was the single flexion that he was speaking of.

Dr. Martin agreed with Dr. Warner that anteflexion could never be replaced save by the sound.

Dr. Bayard had never been able to give relief in these cases, except by the stem pessary with pubic clasp, of Simpson.

Dr. Cutter asked Dr. Warner if the relations of the anterior and posterior culs-de-sac did not often vary. Dr. W. replied that they did, but that still his general remarks held good.

Dr. Martin considered stem-pessaries a severe resort, and inquired if retroversion were readily overcome in this or any other manner.

Dr. Warner replied that in most of these cases the walls of the vagina had lost their tone, and that usually the fundus uteri fell back as fast as replaced. In most instances the peri-uterine region was so sensitive, or irritable, that vaginal pessaries could not be borne. He considered Cutter's pessary the best that he had ever seen, but had found it useless in just about nine cases out of ten; since even when its presence can be tolerated, the weight of the womb presses the pessary back, unless enormous tension of the vagina is exerted.

Dr. Sullivan inquired if an air-ball at the upper extremity of the pessary would not be of benefit. It would seem to prevent the pressure of fæces upon the uterus.

Dr. Storer remarked that this idea had been already resorted to, in the case of the very instrument under discussion. The history of the Cutter pessary was not

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generally known. It in reality dated from an instrument procured by Dr. Storer from Coxeter, of London, which had been devised by Dr. Priestley, of that city, for rectocele. That consisted of a gutta-percha loop, extending downwards into a stem, which was attached by elastic caoutchouc straps, anteriorly and posteriorly, to a waistband. The loop was surmounted by a hollow rubber hood that could be inflated by a flexible tube from below; the aim of the whole apparatus being simply to put the vagina upon an upward stretch, and so remove the vulval pouch existing in rectocele. It could in no wise be used as a lever. Upon employing the instrument in a case of the affection referred to, Dr. Storer conceived the idea of adapting it to the treatment of backward flexions, and tumors of whatever character, occupying Douglas' fossa. For this purpose he removed the hood and its tubing, and substituted for the rubber bands attached to the perineal stem, non-elastic ones. Leverage became at once possible; by tightening the posterior bands, the upper extremity of the pessary was thrown forward, and the fundus uteri, or tumor, lifted; while by slackening the posterior ones and tightening the anterior, the crown of the loop was allowed to fall against the rectum, and thus the amount of pressure was reduced.

He had substituted vulcanite for the gutta-percha loop of the London instrument, as being neater and more cleanly.

At this point begins Dr. Cutter's connection with the instrument. He brought the stem downwards and backwards so as to ride over the perineum, and attached this to an elastic cord passing upwards between the cleft of the nates, and subsequently, at Dr. Storer's suggestion, he introduced a swivel joint into the perineal portion of the stem, to enable the patient to defecate without the necessity of removing the pessary from the vagina.

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Dr. Storer had come to the conclusion, after an extended experience with all sorts and kinds of pessaries, as was well known to members of the Society, that there were objections to every form of a merely vaginal character, no matter how accurately they were fitted to this canal.

Even if kept clean, and producing no ulceration of the mucous surface, they were apt, by their simple pressure, to induce pelvic cellulitis, of which he had seen very many instances thus occasioned.

Stem pessaries, intra-uterine, well fitted to the patient, were, when indicated, far more useful for obstinate displacements than any form of external lever. He had constantly employed them for nearly twenty years, and had as yet had no reason to join those who condemned them. When the use of a vaginal pessary was decided upon, the new vaginometer of Dr. Cutter would undoubtedly be found advantageous, but he was inclined to believe, with gentlemen who had already expressed themselves upon the subject, that it would be found much more useful in admeasurement of the posterior than of the anterior wall.

Dr. Cutter would not have it thought that he replaced the uterus by pessaries, but simply held it in position after replacement. He instructed his patients how to withdraw them for cleansing, and, if irritation existed, how to re-introduce them. He had always disbelieved in rings and discs, as merely distending the vagina and not strengthening it. In the condition of health, the walls of the vagina nearly touch each other, and ordinarily in disease the diameters of the vagina are reversed, the long becoming the transverse, and vice versa.

Dr. Storer remarked that it should be borne in mind that just as there were immovable uteri, fixed by pelvic cellulitis, the pressure of tumors, etc., comprising a

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large class of cases, there was also the other extreme, a rare form, of which he had, however, seen several well-marked instances. As it did not seem yet to have received a distinctive name, he might perhaps speak of it as

THE JOINTED UTERUS.

The characteristic referred to was to be distinguished from mere mobility, which was in itself and simply a normal condition. In many cases of ordinary displacement the uterus was mobile enough, but upon being replaced, sprung back into its unnatural position like a watch-spring, as did the normal uterus when artificially flexed by the sound. The condition he referred to was where, a flexion existing, and being converted by the finger or the sound into its opposite, the organ remained in this new position, or could be restored to the old one, at the will of the operator.

Dr. Sullivan had seen this condition in the uterus of merely normal size. He asked for the pathological explanation of such cases.

Dr. Warner had only perceived it in cases of a chronic character, where the organ was much hypertrophied and changed by disease. He thought Dr. Sullivan did not properly understand the condition described by Dr. Storer.

Dr. Sullivan admitted that he might have been mistaken. He was not speaking of cases of flexion and counter-flexion, but merely of an easier general movement than was natural.

Dr. Cutter believed that there was generally more movement to the uterus naturally than was supposed by most physicians. He had seen several instances of the precise condition described by Dr. Storer, the true explanation of which he was not as yet prepared to give.

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Dr. Storer had been inclined to think that there existed a preternatural thinning of points opposite to each other in the uterine walls, probably from fatty degeneration, just as obtains at a single point in many old cases of flexion.

Dr. Martin thought that displacements were ordinarily kept up in great measure through some fault of the vagina.

Dr. Sullivan considered that this was especially the case where the vaginal walls had been changed by frequent attacks of gonorrhœal or other inflammation. The walls represented two columns, supporting the uterus between them. In the case of a perfectly healthy uterus, if there were any such in New England, an attack of chronic gonorrhœa would soon produce the result under discussion.

Dr. Martin believed that the changed condition of the vagina produced by parturition had much to do with the subsequent position of the uterus.

Dr. Storer did not think that much real support was afforded to the uterus by the vagina, — certainly not so much as had been claimed by writers. The angle at which the uterus entered the vagina, and the axis of this canal in relation to the pelvic brim, must be borne in mind. It was his impression that, putting aside the cases of displacement from injury, whether from below or above, and from continued pressure, as from a tumor external to the uterus, flexions and versions ordinarily arose from causes within the organ itself, — an increase of weight at one side of the fundus; often from an interstitial fibroid deposit; oftener still from mere proliferation of connective tissue, the result of long-continued or repeated congestion, running on into the various changes of nutritive function known collectively as chronic inflammation.

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Dr. Cutter believed this to be the case. The uterus was besides a muscular organ. Had this fact anything to do with producing displacements? or does the tonicity of one side of the uterine supports give way, resembling as do these ligaments the guys of a ship? If either of these conditions obtained, would galvanism be of service?

Dr. Sullivan thought it reasonable that the uterus could not be displaced without affecting the diameters of the vagina.

Dr. Storer reminded gentlemen that ordinarily, except in the pressure of a foreign body, whether fœtus, polypus, interstitial fibroid or injected fluid, the uterine muscular fibres seem to exert little or no abnormal contractile force. The application of galvanism, while of slight effect in inducing or intensifying contraction during labor, might possibly, under some circumstances, initiate it; scarcely, on the other hand, equalize it when irregular, or set it at rest.

Dr. Sullivan believed with Dr. Storer that many cases of displacement were originally of inflammatory character, and, on this theory, not to be treated by pessaries, which would be likely to aggravate the evil. He related a case in point.

Dr. Cutter doubted the inflammatory causation of displacements. He could not understand how such could obtain.

Dr. Martin thought that the pathological changes occurring in chordee explained such causation satisfactorily enough. The cases were not identical, but they were sufficiently analogous.

Dr. Bixby quoted Rokitansky's views concerning atrophy at the point of flexion.

Dr. Cutter, with reference to the relative proportion of cases of displacement benefited by pessaries, stated that

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he had verified the amount of improvement by allowing the patient to go for a while without the instrument, and by ascertaining the position of the uterus by the use of the sound.

Dr. Warner remarked that he, on the other hand, had verified the amount of damage very frequently effected by pessaries, by treating the pelvic cellulitis and consequent uterine fixity they so constantly occasioned, and by noting the much greater rapidity with which displacements, under appropriate uterine treatment, could be cured without pessaries than with them.

Dr. Warren stated that he had of late come to the same conclusion.

The Secretary presented, in the name of Dr. A. R. Becker, of Providence, R. I., a corresponding member, an ovum aborted at four months, there having been profuse hemorrhage four weeks previously.

Dr. Sullivan reported a case of somewhat similar character, with the additional interest of involving the

QUESTION OF RESPONSIBILITY IN CASES OF ACCIDENTALLY INDUCED ABORTION.

The miscarriage had been produced by the application of the acid nitrate of mercury to the uterine cavity, under circumstances which seemed to preclude the suspicion of pregnancy, the patient being a widow. This case should serve as a warning against the incautious adoption of local treatment.

Dr. Blake also exhibited an ovum, and reported a case almost precisely identical in character with that spoken of by Dr. Sullivan.

"*August* 18, 1870.—The patient, a widow, thirty-three years of age, seamstress, born in Massachusetts, entered the Boston City Hospital flowing quite profusely, and

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gave the following history: Husband died two years ago. She had three children at term, the last one three years ago; no miscarriages. Till the first of July, the catamenia were regular. At that time they ceased suddenly, after she had been sitting for about half an hour in a cool cellar on a hot day. Two days afterwards the sanguineous discharge re-appeared, and has continued ever since. Four days ago a large clot was expelled from the vagina, followed by a considerable increase of the hemorrhage.

"Countenance pale. Pulse seventy-six, of fair strength. Ordered, ℞. Ext. Ergotæ fld. m xx. every three hours.

"*August* 19, A. M.—Some retention of urine, requiring catheterization. On digital examination, the os uteri was found to be somewhat dilated. On account of alarming hemorrhage the vagina was plugged. P. M.—On removing the plug from the vagina, a firm, smooth tumor, about the size and form of a hen's egg was discovered protruding from the os. Continue ergot.

"*August* 20.—The tumor having now descended almost to the vulva, being attached to the uterus by a narrow pedicle, was removed without much difficulty. The tumor measured about three and a half inches in length, and four inches in circumference, and on microscopical examination presented well-marked placental appearances. On further questioning, the patient, who had hitherto denied intercourse since the death of her husband, acknowledged the possibility of impregnation 'while under the influence of a narcotic,' some months ago.

"*August* 24. — Hemorrhage entirely ceased. Omit ergot. Patient discharged well."

Dr. Bayard reported a case of

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REMOVAL OF LARGE FIBROID POLYPUS, NECESSITATING ACUPRESSURE WITHIN THE CERVIX UTERI.

The patient was from Bangor, and consulted Dr. Bayard at St. John, for what she supposed to be prolapsus uteri. To the touch there was presented a large protruding surface, resembling that of inversion, and bathed with an offensive discharge. The hand and arm up to the elbow were passed into the elongated vagina, the tumor occupying the whole of this extraordinary extent of space, and it was found that the vaginal portion of the cervix uteri was entirely effaced, the pedicle being very firm, of the size of the wrist, unusually vascular, and attached within the cervix. The mass was drawn down as far as possible, and the ecraseur attached. Section of the pedicle was proceeded with very slowly, twenty-one minutes being occupied, but alarming hemorrhage ensued. This was chiefly from two vessels within the cervix, which had retracted, and could not be reached by forceps nor closed by perchloride of iron. Therefore two acupressure needles were applied, and answered the purpose. The patient recovered, remaining but a short time in the hospital, and continues in good health. The tumor weighed six and a half pounds.

Dr. Storer considered the case an unusually interesting one, alike from the size of the tumor and the good sense of the treatment.

Dr. Martin inquired what ordinarily became of the stumps of polypi removed by operations, or of the portions of fibroid sometimes necessarily left behind. He had, in one case of the latter character, found the remnant to remain permanently, or, if it disappeared, the growth returned.

Dr. Storer believed that ordinarily these fragments sloughed away after the continuity of the mass had been

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destroyed. There was a form of fibroid polypus semi-malignant, known as the "recurrent," and mentioned by Graily Hewitt and a few other writers. It was fortunately very rare. He had seen some half-dozen cases of this affection, or group of affections, for there were specific if not generic differences, and he had known of perhaps as many others. In a certain proportion of them the disease had lapsed into unequivocal carcinoma.

Dr. Blake had seen several similar cases.

Dr. Bayard reported another operation for uterine fibroid, occurring at St. John. When coming under his care, the patient's abdomen was of the size of the fifth month of gestation. A previous attendant had endeavored to remove the tumor, but had been compelled to desist, by the excessive hemorrhage. Dr. Bayard was equally unsuccessful, and for the same reason. The tumor was finally split by Dr. Atlee, of Philadelphia, and thus removed, the patient recovering.

Dr. Martin had operated upon a somewhat similar case. The patient had for *eighteen months* had expulsive pains. For five months there had been an offensive discharge from the vagina, and the bleeding had been terrific. For six weeks there had been difficulty of micturition, for which a distinguished eclectic had daily passed his finger into the vagina! Shortly before seeing Dr. Martin she had consulted another gentleman, who had pronounced the case one of uterine inversion, and had apparently been disposed to let the patient die without treatment. The mass hung out some ten or twelve inches between the thighs. Dr. M. squeezed it and tore away a crust of very dense coagulum, finding the nucleus an immense fibroid undergoing disintegration. It was broken away piecemeal, and found broadly attached to the fundus uteri. The patient made a faint attempt at rallying after the operation, staggered along

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for five or sixweeks, and finally died of diarrhœa. The mass removed weighed two pounds.

Dr. Martin had operated upon another case of still more extraordinary character. The patient had been attended by several physicians, but examined by none of them. She was very anæmic; there was hemorrhage, not very profuse, but continual. The finger passed into an orifice like the os uteri; this proved to be the extremity of a canal perforating a large polypus, the size of a Bartlett pear. There were other similar canals running in various directions, the polypus resembling in contour and aspect a goblet-shaped sponge. It was removed by the ecraseur. Dr. M. had seen but one instance of the kind reported, and this in a note added by Scanzoni to the French edition of his work, he himself having seen but the one case. Dr. J. B. S. Jackson had found reference to a third case in a London report. Scanzoni mentions the possibility of mistaking one of the openings for the cervical canal of a prolapsed uterus. In this case the main canal might possibly have been formed by a fold of mucous membrane which had bagged down and rolled over upon itself; but he could not thus explain the divarications.

Dr. Warner stigmatized as guilty of downright

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any one who would let a woman die without attempting to aid her, whether the case were one of inversion or not.

Dr. Bayard was of the same opinion. He would recognize also the fact that unjust accusations of malpractice were not infrequently made.

Dr. Martin thought it a duty to the community to expose cases of malpractice that were actually such. He

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had known of an instance where flooding had been allowed to go on for eleven months, the patient bleeding every day for the whole time, before the conservative practitioner having charge of the case would call for counsel. It was then ascertained that inversion existed, and it was promptly reduced. The relief came too late, for the patient, worn out by hemorrhage and the constant use of the stimulants prescribed for it, had become demented, and was sent to a lunatic asylum.

Dr. Bayard had suggested in Canada that a bill should be reported for the appointment of a board of experts, to decide whether cases of alleged malpractice should go to trial. If the jury in such cases were also composed of medical men there would be less risk of error.

Dr. Warner thought the chief source of trouble lay in the fact that medical men differed so much in opinion.

Dr. Martin referred to the frequency with which physicians, placed upon the stand, become, whether intentionally or not, special pleaders, and are seen to be such by both jury and court.

Dr. Warner related a very instructive case in point occurring in the South, at a trial for criminal abortion, wherein he himself had testified as an expert. Lawyers usually made a good deal of capital, when they succeeded in making a witness "explain his position."

Dr. Storer described the working of the Canadian Medical Association, whose late annual meeting at Ottawa he had attended with Dr. Sullivan, as delegates from the American Medical Association. The bill reported for the establishment of a Medical Act, to be of force throughout the Dominion, presented many features of interest to physicians in the United States.*

The main features of the bill were then explained to

* See this Journal, Oct., 1870, p. 263.

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the Society by Dr. Bayard. He would state concerning the fact mentioned by Dr. Storer with reference to the opinion entertained of the diploma of the Harvard Medical School in Canada, that he himself, as one of the Examiners for Registration in New Brunswick, had been compelled to reject graduates of that school because of the grossest incompetency.

Adjourned.

THE GYNÆCOLOGY OF ICELAND.

By J. Hjaltelin, Reykjavik, Chief Physician of Iceland.

[*Communicated to the Society, and read Jan.* 17, 1871.]

As Iceland was first settled not only by inhabitants from Scandinavia, but also from Scotland, Ireland, and the Western Islands, it is very natural that Icelandic women should have much likeness to their ancestors from the aforesaid countries. In some parts of Iceland the Scottish and Irish physiognomies may still be observed in a very remarkable degree in both sexes, especially in the western portion, where the first inhabitants came from the aforesaid countries.

The Icelandic women are for the most part of that height which we call the middle average for women; in their younger days they are rather tall than stout, but become generally more fat or big, when they have passed the forty-fourth year. They are generally well proportioned, and rickets are extremely rare amongst them. The pelvic bones are well formed, and they have for the most part very regular pelves, although exceptions sometimes occur.

Most of the Icelandic women are rather fair or well-looking than ugly; their eyes are for the most part

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blue, blue-gray, or dark-blue; fewer have black eyes. Their hair is abundant, and in by far the greater number of them it is of a very pretty whitish-yellow color, soft and glistening; few are dark-haired, and still fewer have red hair. Their cheek-bones are rather high or prominent, and the configuration of the face is more generally round than oblong, while the complexion is usually rose-red, and vivid. There is, on the whole, a great likeness between the Icelandic ladies and the Scottish ones. This likeness struck me, when I dwelt in Edinburgh three years since. It happened just then that an Icelandic lady, a daughter of our late bishop, was there with her father, and I used to ask her when we met: "Have you seen your niece or other good friends from Iceland to day?"—"To be sure," was generally her answer; "I think that more of the Icelandic ladies are here, for I very often meet with well-known countenances from Iceland. Moreover," she added, "you have certainly seen one of your medical pupils here."—"Oh, yes! you are certainly referring to the house-surgeon, Dr. L., who daily takes care of your father."—"Exactly. You have then remarked it also?"—"Why not? The likeness is striking enough. Did you remember whom that lady was like, you had at your right hand during the dinner the other day?"—"Yes, she was like Madam S., in Reykjavik, to that extent that you might take her for her sister."—"You are quite right," and so on. In London the likeness to Icelandic faces was not so striking, although far more remarkable than in Germany or in other European countries where I have been.

FERTILITY AND FECUNDITY OF THE ICELANDIC WOMEN.

The Icelandic ladies are generally full grown about

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eighteen years of age. In many of them menstruation begins at fourteen; but a great many do not menstruate before the sixteenth or seventeenth year, or perhaps later. Amenorrhœa and difficult menstruation are very frequent in Iceland; I have met with several cases, in which there has been complete amenorrhœa, and the women have nevertheless been fecund. I have moreover remarked that many young married women have not menstruated regularly before their twenty-sixth year, and have nevertheless been mothers to four or five children.

As to the fertility and fecundity* of Icelandic women, it must be remarked that sterility is very rare; whereas, what might be called excessive fertility is very common. I know many married women who have been mothers to sixteen children, and cases have occurred where a married woman has borne as many as twenty-three children. As a rule it must be accepted, that Icelandic women are very fertile, and this has already been remarked by several medical men in their writings on Iceland. As far as I can see by comparing many statistical facts regarding births from other countries, the Icelandic women stand very high in this respect, and even much higher than the plurality of European women. It has been stated by statistical writers, especially by Moreau, Jonnes, and Dieterich, that the fertility of married women could be approximately found by comparing the number of annual births with the whole population in several countries, and the following table will show the rate of births in Iceland: —

* I would mention that by the word fertility I mean the amount of births, as distinguished from the capability to bear; it means the productiveness, chiefly interesting to the statistician. By fecundity, I mean the demonstrated capability to bear children.

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Rate of the Annual Births for the Whole Population.

Countries.	Years observed.	Births proportionate to the population.
England and Wales,	1840–50	1 to 30.76
Prussia,	1840–50	1 " 25.50
Denmark,	1840–49	1 " 31.57
Austria,	1829	1 " 28.00
Bavaria,	1843	1 " 30.13
Wurtemberg,	1848	1 " 25.85
France,	1851	1 " 35.00
Belgium,	1841–50	1 " 33.15
Switzerland,	1828	1 " 27.00
Italy,	1836	1 " 30.00
Sardinia,	1826–37	1 " 27.60
Portugal,	1815–19	1 " 27.50
European Turkey,	1835	1 " 30.00
Naples,	1831	1 " 28.00
Iceland,	1850–55	1 " 25.00
Tuscany,	1840–49	1 " 24.42
Venice,	1827	1 " 23.00

From this table it is evident that Venice, Tuscany, and Iceland have, of all countries, been the most productive of births;* but it must be remarked that the proportion of Venice is only taken for one year, and we have a series of years, namely, from 1830–34, where this proportion is one to twenty; and therefore I really think that Prussia comes, in this respect, nearer to Iceland than any other country in Europe. But be this as it may, there is certainly a great deal of evidence showing that Icelandic women are probably the most fertile in Europe. I feel sorry, however, to say that this very high fertility is spent in vain, and does not increase our population in the ratio one might with reason expect.

This small increase of the Icelandic population, in spite of the great productiveness of the Icelandic

* For a series of tables bearing upon this point, see a paper upon the "Decrease of the Rate of Increase of Population now Obtaining in Europe and America," by Horatio R. Storer, presented to the American Academy of Arts and Sciences, in December, 1858, and published in the "American Journal of Science and Arts" (Silliman's), Vol. XLIII., March, 1867. — Eds.

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women, is chiefly dependant upon three causes. The first is the great mortality of children in their first year, which, during some quinquennial periods, has reached about forty per cent. of all living-born children, and has, in no one quinquennium that I know of, been below thirty-five per cent., which is about ten per cent. greater a mortality than in most other countries of Europe. The second cause is the annual great loss of life by drowning and other accidents, especially by cold. It has been calculated that no less than every fifth middle-aged man loses his life on the sea or in the rivers of this country; and, according to our statistics, this enormous annual loss of life sometimes reaches the height of one-quarter of all dead males. The consequence of this continuous loss of life is, that there are always a great many more women than males in Iceland, the ratio between the two sexes being about as three to four; and the other no less deleterious consequence is, that a great many women never get married. The third cause of the slow increase in our population is the epidemics, of which the influenza is the most fatal. Nearly every tenth and sometimes every fifth year we are visited by these murderous epidemics, and the mortality then generally reaches as high as two to four per cent. of the whole population. This malignity of the influenza epidemics is very remarkable, as it generally occurs in all the northern countries bordering the Atlantic and Arctic Oceans, whereas those epidemics are far milder on the European Continent, and even to that extent that in many countries they seldom kill one per cent. of the population.

Some years ago a very able statistician, who was speculating on the high annual mortality in this country, remarked: "It is only for the great fertility of the Icelandic women that this island has not already many

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years ago been quite depopulated;" and I have no doubt that this gentleman was quite right.

As far as I can learn from our statistics, the climax of fertility in Iceland is in the period of from twenty to thirty years of age; but after the women have passed the thirty-fifth year their fecundity falls considerably; and this the more, the nearer they come to the forty-second year, after which period child-bearing is very rare. This experience is reliable in Iceland, but it is said to be otherwise in some other northern countries, especially in Sweden, where the child-bearing period is regarded by Dr. Stark as delayed by the action of cold, so that the climax for fecundity is thought to be delayed to the period of four years later than is usually accepted. According to this view, the climax of fertility should, in Sweden, be about the age of thirty years; but this is certainly not the case in Iceland; neither is there any difference in the fecundity of women in the south, compared with the northern part of the country, although the difference in the mean annual temperature is no less than nearly 40° of Fahrenheit. I therefore fully agree with Dr. J. Matthews Duncan, of Edinburgh,* who thinks that, in the present state of our knowledge, we may hesitate to admit the validity of Dr. Stark's arguments regarding this subject.

Twins are not of rare occurrence in this country; and, according to our statistics, I find them to be nearly two per cent., or from eighteen to twenty in every one thousand births. The conclusions given by Dr. Duncan in his afore-named work are applicable to Iceland. The majority of twins that I know of have been borne by mothers between twenty-five and thirty-four years of age, and, in general, twins increase in frequency as the

* Fecundity, Fertility, Sterility, and other Topics. By J. Matthews Duncan, Edinburgh, 1866, p. 41.

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mothers become older, and their production seems not to be subjected to the same laws as generally govern fertility; and here the law, pointed to by the aforesaid author, that newly married women are more likely to have twins the nearer they are to the age of thirty-five than otherwise, seems also to hold good.

According to Dr. Duncan, the birth of twins in Scotland occurs once in eighty deliveries, and that makes only 1.25 per cent, or 0.75 per cent. less than in Iceland. Dr. Francis Ramsbotham calculated that about one birth in ninety-five, in London, is of twins; he relates that in the maternity of Paris there is one case in every eighty-eight; and in the Maison d'Accouchement one in ninety-one. Madam Boivin met with one in one-hundred and thirty-two. Dewees' average of their frequency in North America is one in seventy-five. Böer, at Vienna, found the average of one in eighty for that city; but, according to Collins' tables, out of one hundred and twenty-nine thousand one hundred and seventy-two births in the Dublin Lying-in-Hospital, there were two thousand and sixty-two twins, being about one in every sixty-two labors. From the tables that were kept by Dr. Ramsbotham, out of forty-eight thousand nine hundred and ninety-six labors, which occurred in the Royal Maternity from January 1st, 1828, until December 31st, 1851, he calculated the average of twins as one to 91.5 labors.

From the aforesaid statistical accounts, it is evident that delivery with twins is much more frequent in Iceland than in most other countries; and, evidently enough, it seems to coincide with the great fertility of Icelandic women. There seem to be two countries which come nearest to Iceland in this respect, and these are Ireland and North America. As to triplets,

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I have found them for some years to be about one in two thousand six hundred births.

CHILD-BED IN ICELAND.

As the Icelandic women are generally well formed, and without rickets, their delivery is, in general, easy, and without danger. I beg to remark, that I use the expression, "in general;" for there are not a few cases where the labor, from several causes, becomes very protracted and difficult. The most frequent cause of difficult and protracted labor in this country is the rather common rigidity of the os uteri. In first labors it is very often met with, and it is just from that reason that labor generally becomes very protracted in primiparous women, especially if, at their first child-bearing, they have grown rather old, or have passed the thirty-sixth year of age. I have met with several cases where this rigidity was very difficult to overcome; and in two cases I was obliged to use operative measures, — after several trials, — to obviate this tiresome and sometimes dangerous obstacle in lying-in women. I feel happy to have found an excellent remedy, which seldom fails to produce the most beneficial effect. This remedy is the extract of belladonna, mixed with white wax, so as to form a soft plaster; a piece of this is put on the index nail and rubbed into the collum all round the os uteri. I first learned its use from the excellent work of Prof. Chailly-Honoré, who has strongly recommended it in difficult labors, where the difficulty is principally dependant upon the rigidity of the collum and os uteri.* It seldom fails in my practice to produce a good effect;

* Traité Pratique de l'Art des Accouchements, par Chailly-Honoré; ouvrage adopté par le conseil de l'instruction publique. Paris, 1855, p. 480, where it may be seen that M. Paul Dubois is the "inventeur de cet excellent remède."

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sometimes quickly, after one application, but in most cases after it has been used for a second or third time. I generally at the same time give small, but reiterated, doses of liquor secalis cornuti.

In former days such cases were generally treated by bleeding, as this was thought to effect the dilatation of the os; but I fully agree with Dr. Ramsbotham, that this remedy, although certainly often powerful, especially in plethoric women, is by no means always a safe agent, and, unless used with much caution, is likely to produce great evil. Of old, our midwives were ordered to bleed in such cases; but many of the more aged ones have told me that it very often failed, and seemed sometimes to be dangerous. After having introduced the belladonna plaster, I ordered it to be used in such cases, and all seem very well satisfied with it.

I feel convinced that this obstacle during labor is, in the Icelandic women, produced by a kind of chronic hyperæmia, or inflammation, of the lower uterine segment, or, perhaps, of the whole organ; and that this may be occasioned by a long standing amenorrhœa in plethoric subjects. According to the views of Dewees, Burns, Blundell, and Hamilton, who are, of course, great authorities, bleeding should be applicable in all such cases. This has, no doubt, been so in their own country; but the question arises, if it was in their cases occasioned by a prolonged congestion of the uterus, or by a momentary one, in which case bleeding may certainly be very useful.

Dr. Ramsbotham says: "In few cases of labor does the patient suffer more than in those that are rendered lingering by rigidity of the os." The truth of this I can testify to by great experience, and I therefore look upon the aforesaid use of the belladonna plaster as a great boon in such cases.

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The use of forceps is very seldom required in this country, and in my practice it is seldom used more than once in two hundred cases.

On account of oblique or sometimes transverse presentations, and some accidents, as flooding or cramps during labor, turning is a far more frequent obstetrical operation than the use of forceps; but this operation is generally performed by the midwives themselves.

Cephalotripsy and craniotomy are seldom necessary, and I have only twice been obliged to perform this operation during fifteen years.

The Cæsarean operation has only once been practised in this country, and as I myself with some other medical men participated in it, I will relate to the Society the history of that frightful case, from an eye-witness, who then assisted me, in the French language in which it was written down by my coadjutor.*

ACUTE DISEASES AMONGST ICELANDIC WOMEN.

Although Icelandic women, like the men, are susceptible to every kind of acute malady known in the northern part of Europe, as several fevers and inflammations, there are some of those diseases far more common than others, and amongst the most frequent I must reckon febricula, rheumatic fever, typhus and typhoid, puerperal fever (with or without puerperal perimetritis or septic endometritis), measles, small-pox, etc., etc. The only eruptive fever which I have never seen in Iceland is scarlet-fever, and I am inclined to think that it has as yet never come to this country or affected an Icelander; for I never even saw an Icelander affected by it at Copenhagen, although there are many of both sexes,

* Dr. Chastang's report of the case of Cæsarean Section was duly received, and is in the possession of the Society. — Eds.

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living in that capital. A very old and experienced practitioner, who had been physician to the greatest hospital of that city for a long series of years, told me that he had never seen any Icelander, man or woman, affected by that disease, nor had his father, who preceded him, known any such case, although there are yearly in that Danish capital more than one hundred Icelanders, and the scarlet fever is raging there every third or fourth year, very often with great malignity. This is very curious, and quite opposite to what happens with measles; for these seem very contagious for all Icelanders, when they arrive in their dominion.

Although *puerperal fever* and the several pathological changes which constitute its true nature are not very frequent as epidemics in this so extremely thinly peopled country, it sometimes occurs, and then it very often exhibits a great deal of malignancy. This happened a few years ago in the western part of our island, where several lying-in women fell victims to a very severe epidemic of this kind. I have also seen some sporadic cases of malignant puerperal perimetritis which ended fatally. The less severe are generally cured, and I have found blisters, used timely and applied to the inguinal regions, of great service. In two cases of putrid endometritis, I have found injections of pure water, mixed with one twentieth part of carbolic acid, combined with the internal use of quinine and camphor, of great benefit. I have also treated two pelvic abscesses by incisions, with very good success.

Mastitis and mammary abscesses are very common, but they generally end favorably under the usual treatment.

Phlegmasia dolens often occurs, and is generally treated by rest, aperient and resolvent remedies, and compressive bandaging.

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Flooding after delivery, from inertia uteri, is not uncommon in this country, especially in multiparæ, and many who were mothers to a great number of children have at last succumbed to it. Flaccidity of the uterus after delivery is a serious symptom, and nearly always accompanied by imminent danger, especially in multiparæ inclined to flooding. The remedies in such dangerous cases are generally styptics and secale cornutum, but given internally they are very often unsuccessful; wherefore of late in such cases I have always used injections of the tincture of the muriate of iron, — according to the advice of Dr. Barnes, — mixed with five or six parts of water; but just as the injection is made I grasp the uterus with my hand, previously cooled by ice or cold water, and keep it thus pressed until it contracts. In some cases I have with a syringe poured a stream of cold water upon the flaccid uterus, and often with a good effect. In our country there is a wild-growing plant, the *Uva ursi*, a decoction of which seems to have a powerful exciting effect upon the uterine fibres, and is, besides, on account of the large amount of tannic acid contained in it, an excellent astringent remedy. I am inclined to think that the contracting virtue of this plant, as well upon the muscular fibres of the bladder as upon the uterine fibres, is not commonly known among medical men, but, from several experiments upon males and females, I feel convinced of it. There must, I think, besides the tannic acid, be some other efficacious principle in this plant, exercising a specific contraction upon muscular fibre, and it might be found, after all, that this specific power has a great deal to do with the long since known hemostatic virtue of the plant. Be this as it may, so much is, in the mean time, certain, that it acts as a stimulant of the urinary bladder, and I have in several cases seen favorable effects from it, in paralytic af-

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fections of this organ. As for the rest, it ought to be remarked, that the mortality of lying-in women and those suffering from puerperal affections is very small in Iceland, and does not amount to eight per thousand; and this may seem the more strange, as many hundred births annually occur without any medical aid, and are for the most part left to the force of nature. My predecessor had the duty of instructing young women in midwifery, and I have also been obliged to take that duty upon myself, and in this way a great many midwives are spread all over the country; but when we consider how difficult a task this is in a little town with only about seventy births yearly, I feel inclined to ascribe the low mortality amongst women in childbed in this country to a favorable constitution and the forces of nature. I have also frequently remarked, when asked to visit difficult cases in the country, which is very often the case, that, although such cases may be very severe, the women generally recover sooner than I had expected.

CHRONIC DISEASES IN ICELANDIC WOMEN.

Although it is a matter of course that Icelandic women are liable to all the chronic maladies of their sex, yet there are several more frequent than others, and as the most common, I will only shortly mention the following: —

1. *Hysteria*, in its several forms, is a very frequent disease. The cardiac affection with nervous palpitations, globus hystericus and clavus hystericus, are the most common forms of this disease. Hysterical convulsions are of rare occurrence, except when the disease is complicated with hereditary epilepsy. The hysterical fits have sometimes a monomaniacal character, and are then apt to run into a religious kind of monomania and

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continued tristimania, with despondency and despair. Such cases are extremely difficult to treat and very often end fatally or turn to a continued dementia.

Hysterical sleeplessness (agrypnia hysterica) is very common, and most apt to occur during the short days of November and December, wherefore it is commonly called "the sleeplessness of the short days" (skammdegis sveforleysi). This sleeplessness often leads to a melancholy state of mind, and may even give rise to the loss of memory, or monomaniacal fits. The same sleeplessness is also very often observed in men during the short days, and not unfrequently gives occasion to a momentary mental aberration called "skammdegis leidindi," or melancholy of the short days. It generally diminishes as the days become longer, and may be very much mitigated by sedatives and narcotics. I have especially found bromide of potassium, and of late also chloral-hydrate, of great relief in such cases. I am at a loss to conceive how the long darkness may prevent sleep; but I have seen so much of it, that I look upon this fact as an undeniable one, howsoever it may be accounted for.

2. *Fluor albus*, or *leucorrhœa vaginalis* and *uterina*, is also a very frequent affection in this country, often associated with amenorrhœa and painful menstruation or ovaritis. It seems often occasioned by cold feet, and is in most cases obstinate and difficult to treat; but, as it is not virulent, I have not seen a single case where it has been infectious to males. It must be treated according to its site and cause. I have, in a great many cases, seen good results from the tincture of the muriate of iron.

3. *Chlorosis* is not uncommon in young females, especially about the time of beginning menstruation; it is here always best treated with chalybeate waters, which are found in great abundance in the western

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part of our country. Where such mineral springs cannot be had, the tincture of the muriate of iron, and reduced iron powder made into pills with aloes and extract of chamomilla, seem often to have a good effect. In some torpid cases, where iron compounds are unsuccessful, I have often obtained favorable results by the essential oil of sabina, or by apiol. An indigenous plant, Thymus serpyllum, belonging to the natural order Labiatæ,is commonly used in the country as an emmenagogue; but I think very often without the slightest effect.

4. *Ovaritis.* This disease is, according to my experience, no rare affection in Iceland, and its most frequent cause is cold. It has three forms, namely,—ovaritis amenorrhoica, o. dysmenorrhoica, and o. menorrhagica. The first and the last forms are the most common, and their symptoms are deep-seated pain in the pelvis, with either complete amenorrhœa, or painful loss of blood during the menstruation. As accessory symptoms, I may mention hysteria, alvine obstruction, and difficult defecation, and dysuria, or difficulty in voiding the urine. In the menorrhagic form, there is profuse menstruation, with pain and uneasy feelings about the whole pelvic region, which are augmented by pressure of the hand in the one or both fossæ iliacæ, and commonly associated with nausea and vomiting, without any other sufferings which might give origin to those symptoms. In the hemorrhagic form, the flow of the menstrual blood may be very considerable, making the young girl weak and even anæmic. In its acute form this malady is very painful, and may, if not timely relieved by proper remedies, become chronic; and it may even happen that the inflammation spreads to the peritoneum itself. In such cases, I always prefer bleeding from the arm, opiate enemata, and narcotic fomentations to the lower part of the abdomen. In some severe cases I have

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seen good effect from frictions with mercurial ointment, mixed with one-third of the extract of belladonna.

5. *Hydrometra, hæmatometra,* and *physometra* are of rare occurrence.

6. Notwithstanding the extreme frequency of cystic diseases in Iceland, *ovarian cysts* are not common, and I have only seen a few of them. They have been treated by puncture; but ovariotomy has up to this time never been performed in this country.

7. *Uterine cancer.* During my sixteen years' practice in this country, I have not seen a single case of uterine cancer. In Copenhagen, and in some of the larger hospitals of Germany, I have seen a great deal of this disease, but feel happy to say that I look upon it as very rare here.

8. *Cancer of the breast* is very common. I have operated upon a great many of them by excision, or by amputation of the whole mamma, but feel sorry to say, without a single successful case. The cancer has always, after a shorter or longer lapse of time, made its re-appearance, either in the mamma itself, or in some internal organ. Some years since, I removed an enormous cancerous tumor of the left mamma, in a woman of forty-six years. The tumor, which had an oblong enchondroma in its interior, weighed no less than three pounds. All went well at first, and the large wound healed wonderfully quickly, but in about eight months the cicatrix burst open and the patient expired from cancer in the lungs. Another woman, who had seemingly been operated upon with good success, died one year afterwards of cancer in the liver. In most of the other cases the cancer re-appeared in the mammary gland itself.

9. *Hydatid or echinococc-disease* in women. The hydatid disease is, on the whole, extremely frequent in

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Iceland, both in males and females. It is endemic in this country, occasioning an enormous mortality in both sexes. It may be looked upon as nearly equally frequent in men and women. But some medical men have thought it more frequent in women. This is, in the mean time, not proved; for although more deaths may annually be registered amongst females than males, this is certainly no proof at all when we remember that about six per cent. of all the dead males have lost their life on the sea, while only extremely few women die from that cause. I think, therefore, that this disease is about equally frequent in both sexes.

The most common seat for the echinococcus in women is the liver; next come the lungs, the mesentery, and the kidneys; but no part of the body is exempt from them; even in the uterus and its annexes they may be found. I have seen the placenta loaded with them, and they are not unfrequently found in the glandular organs, especially in the mammæ. The real cause of this parasite is still involved in some darkness, for although the now generally accepted theory looks upon them as developed from a kind of tape-worm, the Tænia echinococcus of the day, the eggs of which are supposed to get into the body with food or drink, I doubt very much whether this theory will hold good in the future. In the mean time, this theory has been propounded by very able European helminthologists, as Drs. Cobbold, Kuchenmeister, Leuckart, Siebold, and several others; and it is supposed that the little embryo, with its microscopical hooklets, may be able to perforate the organic tissues, and to lodge itself in several parts of the body; but when we see that these parasites are found in the bones themselves, and nearly in every part of the body, it can hardly be understood how this little animal, with its so-called hooklets, which

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are in reality nothing but very weak microscopical membranous particles, can bore its way through solid organic matters. In order to demonstrate this, it is said that particles of lime are found in the so-called hooklets, which are supposed to give the necessary solidity for them, that they may pierce the organic structures; but this seems to me rather a hypothesis than a demonstrated fact. I have many a time given myself the trouble to analyze the hydatid water, in which millions of echinococci have been floating, in order to ascertain how much lime it contained; but although this has been done according to the strictest rules of quantitative analytical chemistry, I have only found quite insignificant traces of lime in the hydatid fluid. It is also hard to conceive how such a little creature could withstand the action of the gastric juice; but this must nevertheless be accepted, if we are to believe in the doctrine of the aforesaid helminthologists.

Three of the Icelandic physicians, namely, Drs. Hjalmarson, Skaptason, and Thorarenson, of whom the two last are still living, and have practised here about thirty years, are of the decided opinion that the echinococc-disease shows itself in this country as an hereditary malady, and Dr. Skaptason has collected a great many facts in corroboration of this opinion. I myself feel very much inclined to the same view, although it is diametrically opposite to the now accepted doctrine of the origin of this parasite. There is, in our days, nearly over the whole of Europe, a somehow childish belief regarding this topic; the old postulatum of Harvey, "Omne vivum ex ovo," and the newer one of Virchow, "Omnis cellula e cellula," have become a general credo in this part of our globe; the consequence of this is, that the epigenists are the dominant party, and the disbelievers in this theory are regarded

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as atheists, or, God knows what; and, therefore, we read in the excellent work of Sir Thomas Watson this sentence: "Now this doctrine of equivocal generation shocks, I confess, my mind, and offends my reason. If well founded, it strikes at the root of that great argument of natural theology, which deduces the existence of a first Intelligent Cause from the marks of adaptation, design, and contrivance, so manifest throughout the visible universe." * To this it may be remarked, that if the natural theology is so weak that its existence depends upon the principle of the epigenists, — of the production of the smallest beings from eggs, — we had better leave it alone, trusting only to the sacred Scripture. Augustine, who was certainly no Atheist, but a true Christian, believed in spontaneous generation, and he introduces the Supreme Power as saying: "Producat terra animalia vivantia;" and I never heard that this Almighty word should have been withdrawn in our days. It is a well-known history, that when Mr. Crosse first observed the acarus electricus, he was most shamefully and absurdly treated by some ignorant individuals on account of this insect, and that he underwent much calumny in consequence of his experiments, as Professor Henry Noad has related in his lectures on electricity.

Professor Hughes Bennett, Mulder, Montegaza, Montgomery, and others, have still evaded these calumnies, and it is to be hoped that such infallibilities as the European ovists have proclaimed of late in this matter will soon be at an end.

The feeding experiments which have been made by several helminthologists, in order to prove that the hydatid or echinococc-disease was occasioned by the eggs of tænia echinoccus of the dog, have not much

* Lectures on the Principles and Practice of Physic, by Th. Watson, London, 1857, vol. i., p. 596.

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to signify, for as it is quite impossible first to slaughter an animal, in order to ascertain whether it is affected by hydatids or not, before the feeding experiment is undertaken, all counter-proofs are completely excluded, so it is moreover evident, from the history of these experiments, that a great many of them have been unsuccessful. The eminent French pathologist, Cruveilhier, supposed that the echinococci were formed in the liver itself, by a kind of spontaneous evolution, and he found no difficulty in believing that the lower animals, like the pathological cells themselves, could be formed by such a natural process.

But, be this as it may, this much is certain, that the disease is extremely common in Iceland, especially in those districts where badly prepared animal food is most in use, whereas it is very seldom found in well-fed men and animals.

The treatment of the hydatid or echinococc-disease is either medical or operative. The first ought always to be tried in the earliest beginning of the disease, but the other is indicated for all large and long-standing echinococc-tumors. Many European helminthologists are in the habit of condemning any medical treatment of this disease, and they look upon it as quite useless. This is, according to my experience, not well founded, and from a great many cases I feel confident that a strict medical treatment may in the beginning kill the parasite, do a great deal of good, and relieve the patient completely from this dangerous disease. Some years since, I began to treat it by the tincture of kamala, and my arguments for its use may be found in an article written by myself in the "Edinburgh Medical Journal."* Since that time I have seen many cures from it, especially in the beginning of the echinococci in the liver,

* Loc., cit., August, 1867, p. 137.

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and the formula which I generally make use of, is thus composed :—

℞. Tincturæ kamalæ ʒ i.
Alcoholis,
Aquæ destillatæ aa ʒ iv.
Eleosacch. citri ʒ iii.
M. — A table-spoonful three times a day.

By the long-continued use of this remedy, the hydatid liver-enlargement, and small hydatid tumors which are large enough to be felt, have given way and have been completely cured at last. In long-standing and large hydatid tumors this treatment is, in the mean time, ineffectual. Such tumors are generally in a state of chronic inflammation, containing a great deal of purulent matter, mixed with hydatid water, with very small echinococci floating in it. They must be cured by operation, namely, either by puncture or incision. Some medical men have of late also been in the habit of opening the hydatid sac according to the method of Recamier, with caustic potash or Vienna-paste, in order to produce an adhesive inflamation between the sac and the interior peritoneal covering of the abdomen; but as I have seen many fatal cases arise from this proceeding, I always prefer the method of Dr. Charles Murchison, namely, of opening the hydatid sac with a fine trocar, which has commonly given very favorable results.

I may in this connection mention a most remarkable circumstance, which I should think worthy of notice, as in this country it seems connected with this endemic malady, and that is, an unnatural enlargement of the liver, especially in men and sheep. According to the physiological rule, the weight of the liver in men and sheep, compared with the weight of the body (I speak especially of this animal as it, like man, is most tormented by hydatids in this country), is accepted to be equal

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to as one to seventy; thus the liver of a sheep weighing seventy pounds should weigh one pound; but I have of late by many trials found the average rate of the sheep liver to be two pounds and sometimes more, although the body of the sheep itself has not been seventy pounds. There is therefore here an endemical hypertrophy of this organ. By autopsies I have found the weight of the liver of full-grown men to be about five pounds, which is more than one pound above its physiological weight; but as my experience of men is still not so numerous as that of the sheep, I dare not as yet insist upon this as a general rule, although the dull percussion, in a great number of men, reaching farther down the margin of the ribs than usual, impresses me with the belief that it must be so. Should this hypertrophy of the liver, in time to come, be found to be a general rule in this country, it will to a great extent strengthen the theory of the renowned pathologist Cruveilhier, and give a death-blow to the now reigning doctrine about the origin of the echinococc-disease in men and animals.

10. *Leprosy*, or *elephantiasis*, is another endemic disease in Iceland, nearly equally frequent in men and women. It was in former days very common all over Europe; but it is at present most frequent in Norway and Iceland. There are two chief forms, namely, elephantiasis anæsthetica, or anæsthedos, and e. tuberculosa, or nodosa, as it is also called by some dermatologists. These two species of leprosy are still in Iceland as characteristic as they were twelve hundred years ago, in the days of that most excellent medical writer Aretæus Cappadox, who, in his immortal work on chronic diseases, has delivered to posterity a most graphic description of this frightful disease.

I should, indeed, unduly lengthen this report, if I were to enumerate all the symptoms of this dermato-

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pathic malady, the history of which may be found in any of the large works on skin diseases, and I will therefore only make some few remarks regarding its frequency in Iceland, and upon the treatment which I have found the most suitable for its alleviation and cure.

In the middle ages, leprosy seems to have been very frequent in this country, and, as it was then believed to be contagious, a kind of sequestering hospitals were erected, and, although they were only miserable abodes, they lasted for many centuries. In the year 1840, when I was still a very young physician, I was sent by the Danish government to this my native country, in order to investigate the causes of the frequency of the disease in Iceland; but although I then found Icelandic leper hospitals in a very bad state, I was obliged to confess that they were not worse than might have been expected, as they were nothing but an institution of the middle ages, now quite out of fashion. I advised the Danish government to have them abandoned as soon as possible; this was done, and I think that the poor lepers are better off now than they were in former days, when the filth of the hospitals could do nothing but aggravate the disease itself.

From that time I have made many inquiries about the nature of this atrocious disease, and have arrived at the following conclusions: *—

1. Leprosy is a chronic blood disease, occurring nearly equally in both sexes, and is hereditary, but not contagious.

2. The most characteristic alteration in the blood is the want of potassium salts, occasioning fatty degeneration in the muscular fibres, and also a fatty degeneration of the kidneys and the heart.

3. The want of the potassium salts makes the blood

* Dermatologists will be interested by the paper upon the above subject, by the same author, in Dr. Dobell's Reports on the Progress of Practical and Scientific Medicine in different Parts of the World. London, 1870, p. 283.

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viscid and unfit for a healthy nutrition of the organic tissues, and hence the atrophy and fatty degeneration, found nearly everywhere in the bodies of leprous patients. Hence, also, the butyric and caprylic acids found in the perspiration of patients affected by elephantiasis, which in older days formed the characteristic and well-known odor caprinus, that, without exception, accompanies elephantiasis tuberculosa.

4. On account of the want of potassium salts, the uric acid concretions are very common in these patients.

5. The real cause of leprosy is the wretched state of mankind in every corner of the world where this disease has been, or still is, endemic. In order to become convinced of this great truth, we have only to read the older and newer accounts of the frightful devastations and miseries occasioned by this malady. As the best and newest reports on this subject, I will especially recommend those to the Royal College of Physicians, in London, from several of the British colonies in the East Indies and other places.

6. A wretched state of human beings, as to their dwelling-houses; their unhealthy diet; their want of cleanliness, of washing and bathing, of healthy and well-prepared food; their dirty and insufficient clothing, may, in every latitude, in all climates, and with every kind of the human race, occasion leprosy, which, once generated, may easily become hereditary, but which also, under more favorable circumstances, and a better and more refined skin-culture, may again be quite overcome and radically cured.

This is the great result of experience, hidden in the annals of medicine, if accurately read and understood.

7. Leprosy was of old, and during the middle ages, one of the most common and most dreaded chronic

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maladies, not only in Europe, but also in Asia and Africa. In Europe, it has vanished since the introduction of a better and more refined method of living, and, as it seems, especially since the introduction of potatoes and other vegetables used as food for the lower and poorer classes. It is probably from this cause that the wretched state of the poor Irish people has not as yet been able to generate leprosy in that country, for it is well known that the Irish population feed to a great extent on potatoes and other vegetables.

8. I consider potatoes as the most valuable food for those affected with elephantiasis tuberculosa, both for men and women.

As to the statistics of this disease, I must make the following remarks: —

About 1780, the number of all leprous patients in Iceland was found to be five per thousand of all the inhabitants. Fifty years later, or about 1830, this number was sunk down to three per thousand, and, at present, it cannot be estimated higher than one per thousand, and it seems, therefore, fast dying out. It is, as before remarked, equally frequent in women as males; but the anæsthetic form seems rather more frequent in women than males. It is curious, but it is nevertheless a well-observed fact, that the married state accelerates the outbreak of leprosy, in all the families where it is, or has been, hereditary. That intermarriage is extremely dangerous in all leprous families is a matter of course, and ought, therefore, to be strictly prohibited by law.

The treatment of this disease is the same in men and women: great cleanliness, frequent bathing, a strengthening diet, with fresh vegetables, as potatoes, cochlearia, and salad, combined with the internal use of chlorate of potash and bromidum potassii, are the best remedies. In the anæsthetic form, I have found the teriodide of

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formyl of great service, but I have never seen a cure produced by the so much vaunted arsenical preparations.

Syphilis and consumption. I suppose that the readers of this, my report, may find it remarkable that the aforenamed two diseases, which are so very common all over the Old World, have not been mentioned in it. The reason is, that they are as yet not indigenous in Iceland. When a syphilitic patient comes to this country he is always cured as soon as possible, and in that manner we have been able to stamp it out as soon as imported. All the district physicians have from me the strictest orders to treat every syphilitic stranger with mercury at once; of course, with due precaution as to the use of this two-edged sword. In foreign countries I have seen so much mischief done by trials of antimercurial treatment of the syphilitic virus, that I shall never more try it; and still worse may be said of the Norwegian invention called "Syphilization," which of late has been so much admired in some European medical journals. That method of inoculating one of the most frightful human poisons is so horrible, so adverse to all sound medical experience that it makes one wonder that such an idea could enter the brain of any medical man.

Regarding consumption, I shall farther remark that I look upon this disease as nearly unknown among the Icelanders. I have never seen any indigenous tuberculosis in this country, and wheresoever I have met with it, it has either been contracted in other countries, or it has been evolved from an hereditary disposition in Danish families residing in Iceland.

Last year there arose a controversy upon this subject, between Dr. Leared, of London, who, some years since, visited Iceland, and Dr. MacCormac, of Belfast; and the

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end of that controversy, in which Dr. Leared finally gained the victory, may be seen in Dr. Dobell's Reports on "The Progress of Medicine in different Parts of the World" for the year 1869.*

VAGINOMETRY; A DESCRIPTION OF NEW INSTRUMENTS CALLED THE VAGINAL SOUND AND THE VAGINOMETER.

By Ephraim Cutter, Boston.

[*Read before the Society, Nov.* 15, 1870.]

In the treatment of uterine displacements, I have regarded the restoration of the normal characteristics of the vaginal axis as of prime importance. According to the old doctrine, when the longitudinal axis of the vagina has its normal length and curve, and when the transverse fibres are contracted down so that the vaginal walls come in contact (their normal condition in the unimpregnated state), the uterus is supported in its natural site, and cannot readily get displaced even if the broad and round ligaments are somewhat relaxed. On the principle of extending the longitudinal axis normally,—allowing the transverse fibres the opportunity to contract, and thus supporting the uterus,—the writer has devised and introduced a variety of pessaries for the treatment of versions and flexions of the unimpregnated and otherwise healthy womb. They are designed to *extend*, the long vaginal axis being curved, looped and fitted to the vagina and perineum, and at the same time not unduly expanding by their size the vagina laterally.

* Loc. cit. pp. 546, 547.

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My custom has been to replace the uterus in situ naturali with the uterine sound of Simpson. Then with the forefinger I make an approximative measurement, and select a pessary of a length as near as possible to the digit measurer, or try a variety of pessaries until I obtain a fit. However, the finger, though incomparable as to palpation, has been found unreliable as a measure, being ungraduated, jointed, and often too short. The idea occurred to the writer that, as it was considered necessary for tailors to take accurate measurement in order to make good-fitting garments,— although designed for parts of the body which are outside and open to inspection, and although the material is soft and flexible,— why should it not likewise accord with common sense to apply mensuration to the fitting of a hard, inelastic pessary to the soft, sensitive, hidden vagina ?

It would certainly be an accurate and scientific method, and if it sometimes failed it would be no more strange than a misfit of a custom-made coat, which sometimes happens. But ready-made clothing can be obtained without measuring, says a doubter. Still, there is a measuring process somewhere. The rules of ready-made are the same as those of custom-made clothing, only one is for the time for an ideal and the other for a real personage ; and when a perfect fit is desired, no one pretends to say that the ready-made system is preferable. But a perfect fit is necessary in applying a foreign support to the uterus. The natural delicacy and function of the parts require it. Acting, then, on this principle of measuring the vagina for the purpose of getting a perfect-fitting pessary, I have devised a very simple instrument, which I denominate the *vaginal sound.*

It resembles the uterine sound of Simpson as to size, handle, curve, and graduation, with this addition, name-

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ly, of a terminal cylindrical curved bar, soldered on to the distal extremity like the bar of the letter T. This bar is about three quarters of an inch in length, curved to the arc of a circle about one inch and a half in diameter. This curve generally is that of the posterior utero-vaginal cul-de-sac. The concavity of the bar is turned towards the concavity of the stem. The graduations are in half inches. Material, copper or steel, best nickel-plated.

Method of Employment.— For instance, in measuring the posterior vaginal wall, in order to get a right sized pessary for retroversion, the patient may be placed upon the left side, or on the hands and knees. The uterus having been replaced by the uterine sound, it is held there by the patient or an assistant ; the right forefinger of the operator is passed up to the os. The vaginal sound being in the left hand, the concavity of the bar is applied to the convexity of the right forefinger, and then slid over it up to the cul-de-sac. It is then gently pressed upwards without pushing, so as not to sink in too deep, or unnaturally stretch the vagina; for the intention is not to extend it beyond its length, but simply not to allow it to contract down shorter than its normal length. The left forefinger is then placed on that point of the vaginal sound which emerges over the perineum. The vaginal sound is withdrawn, concavity of bar over convexity of finger. The measurement is then noted. A pessary is selected one half inch longer than the measurement, with a loop or T large enough to fit in the cul-de-sac, surround the cervix, and with a hook large enough to surround the perineum. When the pessary is slid into place, the uterine sound is withdrawn, leaving the uterus on a well-adjusted vaginal support. If the process is conducted with the ordinary care of the tailor, the fit is generally good. The pro-

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cess of measuring the anterior wall is similar, except that the concavity of the bar is turned backwards. If there is no anterior cul-de-sac the uterine sound answers for a measure, as a stem pessary is required.

In the *vaginometer*, I have combined both the anterior and posterior measurement with an arrangement for ascertaining the size of the uterus at the points between the anterior and posterior culs-de-sac. It consists of two vaginal sounds hinged together at their proximal extremities, the concavities of their bars facing each other. Close to the joint is a graduated scale, so as to give the measurement at the distal extremities in inches and fractions of an inch. The vaginometer may be unhinged and used as a vaginal sound. The vaginometry or pelvimetry of the obstetrician is chiefly in the direction of the transverse diameters; but for the gynæcologist the transverse diameters are not required to be measured, as in the normal unimpregnated condition the vaginal walls are in contact with each other all around, except where the uterus projects into it.

It may be said that it is too much trouble to practice vaginometry. A sense of professional honor should induce the true physician to exercise his calling with even more than the accuracy demanded by the requirements and fashion of the professional artisan. The writer has found the vaginal sound very useful practically, thereby coming to direct results without the shifts of the tentative experiments of former days.*

* Codman & Shurtleff, 13 Tremont St., Boston, furnish these instruments.

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EDITORIAL NOTES.

FLOWERS UPON THE NEW-MADE GRAVE, for they soothe the pangs of parting, — but afterwards men rear the solid monumental stone, in perennial memory, and to excite the ages to emulate what they may never excel.

When Simpson died, the nations lamented him with a sincere and poignant grief. Its bitterness has been softened by time ; but, unlessened in fervor, that grief now moves the world to immortalize its benefactor by memorials as touching and beneficent as were his own gifts to mankind.

In December last we received a note from Prof. Priestley, of King's College, London, our associate in Edinburgh, now nearly twenty years since, and co-editor with us of the works of the master we both loved, requesting in behalf of the London Branch of the "Simpson Memorial Fund," that we should assist in making what was initiated as a national tribute an universal one.

The following document was enclosed to us by Dr. Priestley : —

"At Edinburgh, on the 30th day of May, and at Stafford House, London, on the 23d day of June, 1870, meetings, summoned by circular, were held, to take into consideration the propriety of erecting a Memorial of the late Sir James Y. Simpson.

"At the Edinburgh meeting, the Right Honorable the Earl of Dalhousie presided ; while in London His Grace the Duke of Sutherland was called to the chair.

"At both these meetings, a strong and unanimous opinion was expressed in favor of the proposed object ; and it is believed the feeling pervades the community,

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that the pre-eminent talents, general character, and exertions of Sir James Simpson in the cause of humanity and of science ought to be suitably commemorated. Further, it is expected that in America, as well as in Continental Europe, there will be a wide-spread interest in the movement.

"In regard to the particular form which the Memorial should take, there was, as might have been expected, some difference of opinion. All were agreed that, while a statue, or monument and statue, erected in Edinburgh, — a city so long and so intimately associated with his fame, — should be the primary object, it was also desirable that along with the statue, something should be done in addition to perpetuate the practical character of Sir James' peculiar work, and to transmit to after times the benefit of those discoveries by which he enriched science. A Hospital for the Treatment of the Diseases of Women seemed the best additional tribute; because, in that department of his profession, the distinguished Professor had chiefly exhibited his wonderful skill, and because he himself had frequently (and more especially during his last illness) lamented the want of such an Institution in connection with the justly celebrated Medical School of Edinburgh, and had urged its establishment. In addition, however, it seemed desirable that the Metropolis of the Kingdom should possess a memorial of one whose fame was anything but local; and it has therefore been thought proper, in accordance with the wish of the Dean of Westminster and many of Sir James Y. Simpson's admirers in London, that a Marble Bust should be placed in Westminster Abbey, in close proximity to that of Sir Humphrey Davy.

"It is therefore proposed: —

"1st. To erect a Monument and Statue in Edinburgh.

"2d. To place a Marble Bust in Westminster Abbey.

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"3d. To erect in Edinburgh a Hospital for the Diseases of Women, constructed according to those principles which Sir James Simpson himself so often and so clearly enforced.

"4th. To erect similar Hospitals in London and Dublin, should sufficient funds be obtained.

"The collection of a large sum of money must therefore be aimed at; and the joint-committees have no doubt that it will be easily obtained, when it is considered how large a number of individuals have been directly or indirectly benefited by the discoveries of Sir James, and more especially how great is the amount of suffering which his introduction of the use of chloroform has prevented. Further, the form which the Memorial will thus take will tend to relieve the sufferings of humanity as long as it remains in existence.

"It should stimulate the liberality of the public, to remember the disinterestedness which characterized the practice of the late Sir James Simpson, and how freely he ever placed his services at the disposal of those whose only claim on him was their suffering and want."

Our reply to the London invitation was to the effect that, while deeply interested in the success of the movement, we felt that in America the influence of a single individual, however devoted to his work, is but trivial, compared with that of the mass of the profession, here sovereign. There then came this letter: —

"COMMITTEE ROOMS, 12 S. FREDERICK ST.,

"EDINBURGH, 17 Jan., 1871.

"DR. HORATIO R. STORER, Boston, Mass.:

"Dear Sir: —Dr. Priestley, of London, has forwarded to me your communication of 12th December last.

"I am authorized to say, that the acting Committee

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here feel that it would be highly advantageous for the interests of the national memorial of the late Sir James Y. Simpson, Bart., if you would kindly undertake the originating of a subscription in behalf of the Fund in America.

"I have caused to be forwarded to you copies of the requisite documents; and I shall be glad to know that you will be good enough to give the Committee the benefit of your kind aid in this matter.

"Sir James Simpson laid the public of all nations, and all ages, under a great debt of gratitude by his many scientific discoveries, and more especially by his introducing the use of chloroform to assuage the severest sufferings to which humanity is liable.

"Our Committee consider the system you propose in raising contributions (namely, to constitute the great body of gynæcologists in the United States and Canada now affiliated with the Boston Society, as the American Committee) is most judicious, and the very best organization that could be adopted.

"I am, dear sir,

"Most faithfully yours,

JAMES COLSTON,
Honorary Secretary."

The above correspondence was communicated to the Gynæcological Society at its meeting of Feb. 7th, and the trust was accepted with expressions of the deepest feeling. It was felt that America loved Simpson with a peculiar affection, since he had so often and so freely exhibited an especial kindliness towards its medical men. Partly perhaps from the fact that while still comparatively a young man himself, he had deliberately selected an American to be one of the two collaborators through whom his scattered treasures were for the first time to be brought together in an enduring form, and thus first

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to be generally studied, compared, and appreciated,— and that the American edition* of these memoirs was as rapidly exhausted as the Scotch,† with which it had simultaneously appeared, — it is well known that physicians from this country always received the heartiest welcome and the most gratifying attentions of all who sought the Queen Street shrine; for such in his later years did his home become to the votaries of our science.

The method of collecting the American contribution to the World's Simpson Memorial, determined upon by the Society, is the following: The Society will forward to the Honorary Treasurer of the Edinburgh Committee all sums, and the very smallest mite will be welcome, that may be committed to its care. It appoints those gentlemen throughout the United States and Canada, holding chairs of gynæcology at medical colleges, whether as a distinct department or associated with obstetrics, or who give clinical instruction in the diseases of women, at hospitals or dispensaries, who may communicate their names to the Secretary, as an Honorary Board, to be in direct and acknowledged communication with itself, and to act as centres of collection throughout the country. It moreover will constitute such gentlemen, of good professional standing, as will signify their willingness to accept the trust, to be local secretaries for their own immediate districts, and it trusts that before a very few weeks shall have elapsed, there will not be a county, a city, or a village even, in the land, that is not thus efficiently represented upon the official list. The names of contributors, and of the amounts subscribed by them, will be published in the Journal of the Society and in the British lists.

And now let every man who has been stirred by Simpson to a profounder appreciation of the sufferings

* Published by J. B. Lippincott Co., of Philadelphia, 1855.

† Published by Adam and Charles Black, of Edinburgh, in the same year.

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of women, a deeper insight into their causes and their true character; a greater faith in the resources of his art, and a greater knowledge of the mysteries of his science, — let but these give only a trifle from the abundance of the wealth that they have gained through him, and the tribute the Society may then send from these shores will be alike worthy the man and our country.

And let none say that they cannot give to a memorial that is to be founded in a foreign land. As Jerusalem to the Christian,— we speak it with all reverence, — so will Edinburgh be, for all time, to every gynæcologist, and to every general practitioner, whose wife or daughter or mother, perhaps, has, by her sufferings, brought nearer home to him the diseases of those whom he daily treats, — the Holy City, — and the offering now to be made, a willing tribute, not to Simpson's genius alone, but to the Mercy by which it was inspired; — a gift offered not to him, but to the One with whom he is now at rest.

"A monument and statue in Edinburgh, and a marble bust in Westminster Abbey," fitting symbols these of the life that was ever in accordance with the words of St. Matthew: "Let your light so shine before men, that they may see your good works, and glorify your Father which is in heaven." "Hospitals for the diseases of women, in Edinburgh, and London, and Dublin;" — "Be merciful after thy power. If thou hast much, give plenteously; if thou hast little, do thy diligence gladly to give of that little; for so gatherest thou thyself a good reward in the day of necessity."

MANY A CHEERING LETTER, concerning the Councillors of the Massachusetts Medical Society and their tilt against the American Medical Association, has come

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to us from the West and South. We quoted from one of them last month; we present another to-day. It is from a physician of age, and great influence in the Association.

Speaking of quackery, and its quasi-defence by men like the Councillors, this writer says: "It is evident to any thinking mind in the profession that, unless something is done to arrest its downward flight, it will certainly bring disgrace and ruin upon its members. The entire tendency of the times is towards the vortex of demoralization, to selfishness, and the acquirement of gain at the sacrifice of honor. In our profession, the demons of selfishness and avarice threaten to overthrow its very existence, and to sweep from our land the last vestige of its truth and principle. Quacks, within and without, raid upon and torture its fair name and reputation.

"To my mind, nothing can arrest this state of things except the co-operation of all who feel an interest in upholding the honor and the ethics of the profession. It affords me great gratification to know, that although the profession 'sleepeth, yet it is not dead,' when I look at the action of the last Annual Session of the American Medical Association as evidence. I am pleased to know that at last that body has declared *its right* to control the subject of Medical Education. In asserting this right, it takes its proper position in the hearts and affections of the profession as the only power,— the sovereign power, — to which all must look for law and guidance in everything professional. In view of the true position which the Association has at length adopted, several medical friends wish to ascertain, through you, what steps are necessary for individuals, who are not connected with any society, local or State, to take, in order to become members of that body.

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"1st. What is necessary to entitle delegates, from local medical societies, State Medical Associations, medical colleges, and public institutions, to membership in the Association?

"2d. Can any individual who is a regular graduate, affiliate with irregulars, or expelled members from any local or State organization, and claim equal position with and recognition by those who are in good standing, and are members of local or State Societies, on the ground that he is not a member of any society?

"3d. Is there any decision of the Association in regard to individuals who affiliate with irregulars or expelled members? If so, what is the decision?*

"Our object in asking these questions is to find the truth. We trust that the principles and the ethics of the profession will control its members everywhere. We hold that State Associations and the National Association must come boldly to the principles they have promulgated, and assert their power and willingness to protect their individual members when they essay to uphold its laws and principles. To make these bodies effective they must not only announce the principles upon which they are to be controlled, but the individual members must be sustained to the utmost, in their efforts to maintain them."

To the above inquiries we reply:—

1st. Essential to representation in the National Association is the adoption by the body represented of its Code of Ethics. "Intentional violation or disregard of any article or clause of the same excludes representation."†

2d. The Association "collectively represents and has cognizance of the common interests of the medical pro-

* Queries very similar to the above are also made in the Georgia Medical Companion, Jan. 1871, p. 33.

† See Plan of Organization of the American Medical Association, By-law IX.

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fession in every part of the United States." All have an opportunity, by membership of some represented society, of obtaining its privileges; by wilfully keeping aloof, they cannot preserve the right of setting the authority of the profession at defiance. Irregular practitioners, even though graduates of regular schools, and persons expelled for violation of the Code, from local or State organizations affiliated with the Association, cannot be recognized upon the ground that they are members of no Society.

3d. The latter point has been decisively settled by the Eighteenth "Ordinance" of the Association.* Will it be believed that, though the Massachusetts Medical Society expelled all irregulars from its ranks last May, the Publishing Committee of the Councillors has still retained their names in the official catalogue just issued, and bearing date of October last? This is, and was evidently intended as, a renewed defiance of the Association.

It is held by their friends that every one of these expelled persons may still, as a Fellow of the Society, be consulted with by its members with impunity!

CHANGE FOLLOWS CHANGE. At the time that Dr. Lusk was called from New York to help resuscitate the Boston School of Medicine, we foretold that he could be spared to us only the present winter.† His election as obstetrician and gynæcologist at the Bellevue, in place of the lamented Elliot, has rendered it impossible for him longer to fill any subordinate position; indeed, we see that his name has already been dropped from the Harvard summer programme.

* Transactions, etc., vol. XII., 1870, page 582.
† This Journal, Nov., 1870, p. 328.

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Brown-Sequard, and his pupil Dr. Lombard, have returned to Boston just in time to prevent the chair of Physiology from descending again to its former deadest of levels. In this instance the Corporation of the college will do well to recollect the Cumæan Sibyl. What she proffered was of vital necessity; each time it was rejected, the price to be paid was increased. Every year of some men's lives that is lost to the University, represents a rapidly compounding sum. Which of the twain, for instance, would bring to the school each year the more pupils in Physiology, Holmes or Brown-Sequard?

It is rumored, of late pretty audibly, that a change is near at hand in another Chair. When students understand the state of things so well that a respectable handful cannot be got to attend the lectures of any given professor, especially if his be a course which was formerly the one that perhaps was most thronged of all, seasonable resignation sometimes prevents a more disagreeable necessity. It would of course be followed by the customary vote of thanks; heartfelt enough, for the relief, they would be in the present instance.

To recall the senior Storer, who did so much for the success of the School, and who possesses we trust strength for many years' lecturing yet, would, under all the circumstances that attended his resignation, be the most proper thing. To do this for the Theory of Obstetrics, and to place Dr. John Reynolds at the head of the resuscitated Lying-in Hospital, as professor of Clinical Midwifery, would be for the best interests of the School. Should it be found impossible to retrace the lost ground, by obtaining Dr. Storer, there is no physician here so well fitted as Dr. Reynolds for the teaching both of Obstetrical Theory and Practice, and besides this, his being a graduate of the literary as well as of the medical department of the University, would guar-

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antee a twofold interest by him in its success. By and by there will be constituted a Chair for the Diseases of Women. There are at last many gentlemen in Boston, who would be available candidates.

Again the sibyl and her lesson. It points to the fact that so far from the present session of the school having been attended, as has been asserted, by an extraordinarily large class, the reverse is true. Deducting the thirty-one dental students, as must be done in any fair comparison with other colleges, it will be found that the actual number of medical students at Harvard College during the winter session of 1870-71 has been *less* than the average of the last six years. We commend the subject of *death by asphyxia* to the school's apologists.

The City Hospital and its needs received some attention from us a year ago.* We referred to its situation, its internal arrangement, and its enforced subordination, all of them at variance with the wishes of its staff, and each capable of a certain betterment. An occasional spasm of a limited or more general character, and in print or otherwise, shows on the part of one or more of them the sense of uneasiness to which we allude. The great desire, and an honorable one it is, of the City Hospital attendants is to make their institution take precedence of all others in this portion of the country. To accomplish this requires not merely a greater control of money than it yet possesses, but the highest repute for professional skill. The last would be certain to ensure the first.

Towards both these ends the publication of the "First Medical and Surgical Report of the Boston City Hospital," with which we have been favored by the pub-

* See this Journal, March, 1870, p. 180.

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lishers,* takes a very long step. It is not merely "an operating room" less "inadequate to the wants of the institution," "a new pavilion with an operating-room on the ground floor," and a service "eventually of five hundred beds," that are now sought for. Occupying, each copy, we will not say how much cubic space, and weighing, we dare not say how many pounds, and costing to the city government, the edition, we cannot say how many thousands of dollars, the work now published is a most interesting and creditable one. That the hospital in its enterprise has but followed the example of similar charities in New York and Philadelphia, as well as in London, in no wise takes from the merit.

To gynæcologists the book has its interest, three of the thirteen formal articles being in point. We now merely refer to them, as we shall hereafter discuss them more at length in one of the New England chapters of our Outline History of American Gynæcology. †

The first of the papers alluded to is that by Dr. Bowditch, upon Perinephritic Abscess, and we quote his admirable statement of a sound surgical principle, that in its general as well as special bearings is far too often unaccepted by surgeons themselves: namely, to search for pus that is suspected, and, if found, to discharge it. "If ever there be occasions," he says, "for a *cautious boldness* on the part of surgeons, these abscesses present them." ‡ And again: "The whole subject of abscesses about the peritoneal organs needs this same character of caution, and yet boldness, on the part of practitioners. The whole class of pelvic abscesses, those from tuphlo-enteritis, peri-uterine and pelvic cellulitis, we have yet much to learn about, and among the items

* Messrs. Little, Brown, & Co., of Boston.

† See this Journal, August, 1869, p. 103, and November, 1869, p. 392.

‡ City Hospital Report, p. 62.

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worthy of great attention are the time and precise points at which such openings may be made. It seems to me that it is right to operate as early as possible in all. And there may be a question whether there is really any serious danger likely to arise from laying open the peritoneum in case an abscess *points* in any part. Certainly the danger seems to me to be not at all comparable with that arising to the health and the life of the patient, from allowing the abscess to remain unopened. If no opening be made, we have seen that it tends to burrow through all the cellular structure around, forming not unfrequently long sinuses, or bursting into the intestine or pleura, in either case bringing long disease, and, possibly, as a consequence, death. An abscess pointing in any part of the abdominal parietes presupposes, either, first, the peritoneum has been pushed away by the pus insinuating itself into the meshes of the connective tissue; or, second, that membrane has been pushed before it. In either case there can be no doubt that a certain amount of lymph has been effused around the point, so that the abscess is really in a cavity separated from the peritoneum. It may be urged, supposing a communication already existing between the intestine and the abscess, that there is danger of an artificial anus being the result of surgical interference. Yet, in each and all of such cases, I would advise an operation, on the ground that it would be better even to have an artificial anus, capable possibly of cure, than to die outright, or to have years of misery from sinuses, etc., etc." * And still again: "In all my previous arguments, and in the facts stated, the question has been in reference to perinephritic abscesses. But it may well be asked whether similar

* City Hospital Report, p. 62.

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principles do not hold good with reference to any abscesses in any part of the abdomen, in which the tumor is distinct, and especially if it be prominent. The whole class of pericœcal and tuphlo-enteritic abscesses are particularly worthy of being investigated as to the question upon the propriety of making a free external opening with some dangerous result, as possible, or of allowing the patient *usually to die* without an operation. I am glad to see that that eminent surgeon, Willard Parker, of New York, urges an operation * in cases of tuphlo-enteritis. The purport of his admirable paper, I think, fully sustains me in the following opinions: 1st, that abscesses about the peritoneal cavity tend usually either to death or long-continued disease, unless, 2d, an earlier operation be done than the usual rules of surgery will at present allow." †

Strangely opposed to the safe and philosophical tenets of Dr. Bowditch, are those implied, if not expressed, in the paper upon Peri-uterine Inflammation, by Dr. A. D. Sinclair; the subject being the one upon which, through his previously published papers, ‡ this gentleman is as yet known to the profession outside Boston. Dr. Sinclair claims that "nearly fifty per cent. of the cases of pelvic disease" are parametritis, or pelvic cellulitis, as it is still generally termed, and he reports twenty-two instances, of greater or less severity, three of which proved fatal, and several of which were unrelieved at the time of leaving the hospital. In every instance the case was practically left to nature, — the bistoury, or exploring trocar even, not once having been employed, nor a word of reference made to their pos-

* New York Medical Record, March 1, 1867; also Dr. Burgess' case, same journal, June 1st, 1867.

† City Hospital Report, p. 69.

‡ Boston Medical and Surgical Journal.

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sibility. Viewed in the light of Dr. Bowditch's remarks upon a precisely analogous series of cases, we need say no more.

Simpson used to hold, as Bowditch, that opening an abscess was preferable to permitting death or lingering disease. Dr. Blake, of the City Hospital, whose article upon Rheumatism is one of the best contained in the "Report," showed far better knowledge of the most approved modern practice, in his paper upon Pelvic Abscess, read to the Gynæcological Society a year since,* than the gentleman who is said by his friends to have kicked a dead lion. We will not, however, credit, even from them, so unkind an assertion.

When speaking of fatal etherization last month, and of the late Fall River case, we attributed to another than to its reporter the astute suggestion that a perhaps possible arsenical cachexia might have predisposed the patient to ether-death. Dr. Davis desires us to say that we were mistaken in the impression we had formed at a personal interview with him, and that the idea we criticised was all his own. We make the correction most cheerfully. The fact still stands that the gentleman's "confidence in the entire safety of ether has been somewhat shaken," and that of others still more. We commend to our readers some recent remarks upon the fatality of sulphuric ether, by Dr. Dawson, of Cincinnati; † and the very recent and lame attempt ‡ to answer our comments upon the Boston falsification of the case reported by Dr. Burnham of Lowell.

* See this Journal, March, 1870, p. 159.
† Cincinnati Lancet and Observer, Jan., 1871, p. 6.
‡ Boston Medical and Surgical Journal, Feb. 23, 1871, p. 131.

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THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. V.] APRIL, 1871. [No. 4.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

FORTY-THIRD REGULAR MEETING, OCTOBER 4, 1870.

THE forty-third regular meeting of the Society was held on the evening of October 4, 1870, at Hotel Pelham, the President in the Chair. Present, Drs. Lewis, Warner, Wheeler, Bixby, Warren, Weston, and H. R. Storer, and, by invitation, Drs. John McNab, of Woodsville, N.H., Josiah Curtis, of Knoxville, Tenn., and W. S. Brown, of Stoneham, Mass.

The records of the last meeting were read and accepted.

The Secretary read a letter from Professor A. Krassowsky, of St. Petersburg, acknowledging his election as a Corresponding Member, and announced the donation to the library, from the same gentleman, of his magnificent atlas of plates upon Ovariotomy. There had also been received from Professor T. Halbertsma, of Utrecht, his monographs upon Atresia Vaginæ, Puerperal Fever, Placenta Prævia, Milk Fever, and Retroversion during Pregnancy.

The Secretary read a letter from Dr. A. C. Garratt,

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of this city, inquiring the experience of members who had tested in practice the therapeutic value of his

ELECTRIC DISKS.

Dr. Warner had employed them in several instances, and had found them to produce a decided effect. A distinct sense of cutaneous irritation was, at times, immediately occasioned. In one case of obstinate constipation, regular movements were established, after wearing one of the disks over the bowels for two or three days, the intestinal inactivity returning whenever it was discontinued. Dr. W. felt that the instrument should not be classed with those of similar pretensions hitherto brought before the profession. He had repeatedly seen Dr. Garratt in consultation with reference to cases of nervous disturbance. He could truthfully say that he had never met a gentleman in the sick-chamber who had impressed him more forcibly as being alike conscientious and reliable.

Dr. Bixby had employed the disk in two cases of neuralgia, and was sure that in both much benefit had accrued. He had found advantage in moving it from one part of the body to another, in accordance with the seat, for the time being, of the pain.

Dr. Storer had, in years past, experimented with various methods of localizing galvanism, and had been greatly dissatisfied with them all. The disks of Dr. Garratt, were, however, very different from Pulvermacher's chain, etc., in that they do produce a decided and very appreciable effect. He could not say that he wholly approved of leaving it to the discretion of patients to employ or not agents of this kind, at random, as there was a good deal of likelihood would occur. He had seen relief obtained from the disks, both in

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chronic rheumatism and neuralgia, and had known, besides, much local irritation, almost vesication, produced at the point of application, under circumstances which precluded the idea of chafing. He had seen favorable mention of the instruments by Professor Edward H. Clarke, Dr. Shaw, of the Massachusetts General Hospital, Dr. Graves, of that at Lowell, and Dr. Walker, of the City Lunatic Hospital at South Boston, all of them physicians well-known to the gentlemen present. The very fact that they spoke so favorably was strongly in favor of Dr. Garratt's claims.

Mr. Charles Stodder, of the Boston Optical Works, called the attention of the Society to a subject very interesting to its members, and to every gynæcologist, namely, the comparative value, for every practical purpose, of

AMERICAN MICROSCOPES,

and exhibited specimens manufactured by Mr. Tolles, of this city. Mr. S. called the attention of members to the so-called "Student's Microscope," stating that it was constructed expressly with the view of providing for amateurs, students, and physicians, at a moderate price, an instrument that should possess the most desirable qualities that experience had suggested as desirable in a microscope. As regarded size, an instrument should be large enough and heavy enough to stand firmly on the table, not to be easily knocked over, or be put into tremor by any movement in the room, and should have a broad base for stability.

There should be from eight to ten inches' length of tube; ten inches being adopted by microscopists as the average distance of normal vision; a tube of five inches in length, giving only one-half the magnifying power

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that ten inches does with the same length. The patterns of microscopes are almost as various as the patterns of chairs. That exhibited, was known as the "Jackson,"

and was employed by the best makers in America, and one of the best in London, though it was not generally used in England, and, he believed, not at all on the continent of Europe. Dr. W. B. Carpenter, who was second to none as authority on the microscope, had expressed a decided opinion in favor of this pattern over all others, in all the editions of his work upon the microscope; but he did not stop there; this very year he had made a communication to the London Microscopical Society, renewing and re-enforcing his approval of this style, and citing as an instance of its superiority over the Ross pattern, its greater steadiness and freedom from tremor on board a steamship, during his dredging expedition of last year. Some of the members of the London Society objected to Dr. C.'s statements, that the fault of the other was not in the construction, but that the instrument might have become worn, and the screws loose, and not been attended to. Dr. C. replied that it was a new instrument that he referred to, just

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made for an institution in Canada. An instrument should be capable of inclination, — of being placed in any position from the vertical (for examination of objects in fluid) to horizontal (for the use of the camera lucida), or at any angle between, to suit the convenience and ease of the observer. The fixed vertical position was the very worst that could be adopted for good work or comfort. The stage should be stiff, so as to yield in any direction to slight pressure of the hand, and throw objects out of the field. The mirror should be movable in distance from the object, to vary the illumination, and in asimuth, to permit the use of oblique light. Finally, the instrument should be as simple as possible; that is, composed of the fewest pieces and screws, to reduce the chances of derangement and to facilitate repairs. It should have a coarse and a fine adjustment for focus. In these instruments the fine adjustment was made by a plate on the stage, which it raised and depressed by a screw. A more elaborate form was applied to some of them, which attached to the end of the compound body in another tube, — this being the plan generally used in France and Germany.

Another plan was by rack and pinion. This was what was preferred in England and America. Some of the instruments had a sliding stage, by which accurately parallel movements in two directions could be obtained; and some, a means of attaching all accessory illuminating apparatus below the stage.

All the above included what was distinguished as the mechanical part of the microscope. It was believed that the objects sought for in its construction had been successfully accomplished.

The optical apparatus usually supplied with the student's microscope were an objective and eye-piece, giving a power of about fifty-eight diameters, and one

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quarter-inch objective, giving a power of about two hundred and eighty diameters. Other objectives and eye-pieces could be added, so as to give powers from forty to six hundred. It should be distinctly understood that the objectives usually sold with these cheaper instruments were second quality, and it was hoped that no purchaser would expect from them the performance of Tolles' first quality instruments, the working qualities of which were then exhibited to the Society. The stands, however, of the cheaper instruments were so well constructed, that any of Tolles' best objectives might be used upon them.

The "Clinical Microscope" was intended for the physician, and for the naturalist, to use in the field or on the sea-side. It admitted of being carried in the pocket, with ease. It had been varied from Dr. L. S. Beale's in some particulars, at the suggestion of Dr. E. Cutter, and by some other modifications by Mr. Tolles.

The large Tolles' Microscope was exhibited, as showing the highest perfection of this instrument, with the exception of two or three minor items which the owner of the instrument shown did not want. It had, or is capable of having, everything that pertains to a microscope. The workmanship was of surpassing excellence; never exceeded, if equalled, by any made in Europe. It was provided with a stage designed by Mr. Tolles, which is entirely original; a heavy ring was strongly attached to the stand. This ring had been recently used by some makers in London, but Mr. Stodder believed that it was original with Dr. F. A. P. Barnard, the President of Columbia College, N. Y. Within this ring a plate revolved on a fixed axis, which coincided with the axis of the objective, — a most essential property in a revolving stage. Inserted in the plate were two frameworks, so to speak, moved at right angles to each other

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by friction rollers that were turned by milled screws above (they may be below) the stage. Attached to the frames was a plate, forming the table for the reception of the objects, which plate partook of all the movements of the rotating plate and the frames. The stage at the aperture was only one-sixteenth of an inch thick, so that the obliquity of light that could be used was limited only by the thickness of the supporting ring. These movements of the stage, which were, in consequence of the perfection of the workmanship, smooth and uniform, combined with the thin stage, gave the instrument, for certain kinds of work, a superiority over any other ever constructed, except perhaps one unique instrument, made also by Tolles, while for every purpose of the microscope it was inferior to none.

Tolles' first-class objectives — four-tenths dry, one sixth immersion, one-tenth immersion—were also exhibited, and Tolles' improved short focus telescope, 1 in. aperture, 4 in. focus, power 12 to 25; also one of one-half in. aperture, power 10 diameters.

At the close of Mr. Stodder's remarks much admiration was expressed by the gentlemen present at the remarkable powers of the instruments, and the neatness of his demonstration of them.

Dr. W. S. Brown, of Stoneham, exhibited a remarkable specimen of

LOBULATED INTRA-UTERINE FIBROUS TUMOR,

removed by operation, and reported the case.

[Dr. Brown's communication was published in the Journal of the Society for February, 1871.]

It had been found impossible to remove the tumor by the ecraseur, the chain of which persisted in slipping,

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and finally division was effected by a wire attachment, invented by Dr. Cutter for post-pharyngeal polypi.

Dr. Warren reported a case that might well offset, he said, that of Dr. Brown, inasmuch as, for want of just such an instrument as had been described, the attempts to adjust the chain of the ecraseur produced serious mutilation of the cervix, and the patient perished.

Dr. Storer again bore witness, as he had done at a previous meeting, to the admirable qualities of the Cutter attachment. This had been the first instance, out of many in which he had employed the ecraseur for the removal of large intra-uterine polypi, in which he had failed after repeated trials in applying the chain. The fact that the gentlemen assisting him in the operation had also failed, was so far proof that the chain could not have been employed. Without this new attachment, the tumor would have required to be cut to pieces within the uterus; an operation always difficult and not infrequently fatal.

Dr. Storer exhibited a large vaginal polypus, measuring twelve inches in circumference and weighing eleven ounces, removed by him since the last meeting of the Society.

The patient, a married lady from Lynn, had been bleeding for several years, was very much reduced, and had been told by her previous attendants that she could not possibly survive an operation. One of these gentlemen had indeed gone so far as to call upon her after it was decided that she should pass into Dr. Storer's hands, for the purpose of dissuading her from being "led like a lamb to the slaughter." The tumor was removed with some difficulty, by the ecraseur, at St. Elizabeth's Hospital. After a little over a week the patient returned home perfectly well, and there has since been no return of the hemorrhage.

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Dr. Storer also exhibited specimens of malignant mammary tumor that he had removed from two patients during the past week. In both cases the operation was by "enucleation," as is now done, when possible, by several leading operators in London, in preference to removing the whole breast, and in both the bottom of the wound was closed by quilled sutures (metallic), reaching down to and through the pectoralis muscle, as described by him at a former meeting of the Society.

Dr. Curtis, of Knoxville, Tenn., reported a successful case of

EXTIRPATION OF THE UTERUS, WITH NOVEL AFTER-TREATMENT.

The operation was performed before the war, by the late Dr. Baker, of Knoxville, assisted by Dr. Boyd. The patient recovered, and still remains well. A portion of the abdominal wound was purposely left open after the operation, freely exposing the peritoneal cavity to the external atmosphere; and it was believed by the surgeons in charge that to this fact was owing the patient's recovery. It is the practice among the colored people and others in that region, when spaying sluts and sows, to leave the abdominal cavity open after the operation, and it is said that the mortality is very much less than when the cavity is closed.

Experience of the kind referred to had, it was true, so far as Dr. Curtis was aware, been confined to the case of the lower animals, with the exception of the instance now reported, but it was a point well worthy the attention of surgeons, if there were any who dared venture such a bold procedure upon the human species, in the hope of still further lessening the mortality after abdominal section.

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Dr. Warren remarked that Dr. Curtis' suggestion threw light upon a statement made to him by Maisonneuve, of Paris, that more care was ordinarily expended upon the closing of wounds than was necessary.

Dr. Storer had been very much interested in what had been said by Dr. Curtis. The suggestion struck him the more forcibly at the present time, when the great aim of the most thoughtful ovariotomists had been, in every way possible, whether by closely set sutures, bandaging, or carbolic acid paste, to hermetically seal the external wound from the passage of air, and this, no matter whether they adopted the so-called germ theory or not. Dr. S. had no question that in the case of ordinary recent wounds, whether traumatic or surgical, penetrating none of the great cavities of the body, it was the best practice, after securing the removal of coagula and all other foreign matters, to close the wound by deep quilled sutures and superficially, and as thoroughly and as perfectly as possible. He had found this of advantage, as was well known by members of the Society, in the removal of mammary tumors, for instance; to say nothing of the added benefit, in case of malignant disease, of lessening the chance of its return by lessening the amount of cicatricial tissue obtained.

On dealing with the abdominal cavity, however, the conditions were very different, and he had often questioned whether it were well to close in so thoroughly, what, under other circumstances, would seem to afford the surest invitation to peritonitis and septicæmia.

The case was somewhat analogous to, though of course not homologous with, that of chronic abscess, where compression was of avail, and local stimulation of one or another kind also, but certainly not a superficial closure until all internal sources of irritation had been

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removed. There could be no doubt that exposure of the peritoneum to the atmospheric air for a long time might be permitted without subsequent ill-effect. He had frequently been compelled to do this during a period of from one to four hours, for the purpose of providing against hemorrhage from broken adhesions, during abdominal sections. It was well worthy of research whether Dr. Baker's course, as detailed by Dr. Curtis, was not, after all, based upon a wise common sense.

The Secretary read a communication, entitled "Is it Right?" from Dr. J. G. Pinkham, of Lynn, Corresponding Member, upon

THE VERY FREQUENT AND INEXCUSABLE DESTRUCTION OF FŒTAL LIFE, IN ITS EARLIER STAGES, BY MEDICAL MEN IN HONORABLE STANDING.

[Dr. Pinkham's communication was published in the Journal of the Society for December, 1870.]

The President, Dr. Lewis, concurred with Dr. Pinkham in considering the practice of giving drugs, or resorting to any similar measures, for inducing menstruation in married women where it was probable, or even possible, that pregnancy existed, a very reprehensible one. It was, however, very common. This fact, he need scarcely say, afforded it no palliation. He was pained to have to acknowledge, and yet he saw no escape from this or a worse alternative, that the conscience of the profession was very obtuse upon this point.

Dr. Wheeler thought that the complaisance of physicians, in the matter referred to, went far to account for, if it did not create, the common and very erroneous opinion, prevalent even among good and religious women, that the fœtus was without life until the period

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of quickening, and so might be got rid of without blame.

Dr. Weston referred to the more correct opinion concerning this point, entertained by Catholics, as compared with Protestants, and its practical result in preserving them from much uterine disease, the result of abortions.

Dr. Warren believed that the majority of English and American women in New England, that is, of Protestants, held the opinion described by Dr. Wheeler, and that the majority of physicians in this region practically seem to consider it not improper to give abortifacients in the early months of pregnancy, shielding themselves under the *possibility* that impregnation might not have occurred.

Dr. Wheeler remarked that it was strange what measures were at times resorted to. He had lately attended a case where, the last child being seven years old, and pregnancy occurring, the woman had taken two large nutmegs, grated, with syrup. A violent toxical effect was of course induced, more severe than he had ever seen in instances of poisoning with this drug. Another had taken ʒ ss. of oil of tansy in O ss. of gin, at one draught, narrowly escaping with her life. Several years ago he had been called to a patient, who, having taken a similar dose, lost her life.

Dr. Weston had seen a case of nutmeg poisoning similar to that described by Dr. Wheeler, where the drug had been taken for the same criminal purpose.

Dr. McNab related an instance of abortion, induced by large doses of oil of cedar, the patient just escaping with her life; and another where the miserable mother employed a knitting needle, suffering from uterine disease, in consequence, to the present day. Some years since, he had known a couple of factory women to at-

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tempt miscarriage by the use of cotton spindles from the mills. Gentlemen might talk of the frequency of the crime in cities; there was more of this wickedness pursued in the country districts than they had any idea of, many women inducing the miscarriage upon themselves.

Dr. Storer was glad to see the Society arousing itself with reference to this matter. It was needless to expect to awake the public conscience till that of our own profession had been brought to a sense of personal guilt. There were sins of omission that were as reprehensible as the direct commission of crime.

Conversation turning upon

UNUSUAL SOURCES OF VAGINAL HEMORRHAGE,

Dr. McNab reported a case in which frightful hemorrhage had occurred, the cause of which puzzled him. Upon inquiry, however, he ascertained that the patient had been amusing herself with one of the long toilette cologne bottles, filled with warm water. A little sharp edge had projected from the glass at its lower extremity, and with this she had been severely lacerated.

Dr. Storer had seen similar alarming results occur from the improper employment, by a young girl, of a twig from a tree, with a splintered extremity.

Dr. McNab went on to say, that he thought physicians were wrong in entirely ignoring the wickedness, or rather the depraved instinct, of those who came to consult them. Some two years since, a young lady called upon him in great mental distress, because she thought herself pregnant with a litter of puppies. She confessed to him that she had succeeded, under the mania of strong sexual excitement, in having partial inter-

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course with a dog. She was so depressed at the thought of what she had done, that, threatening suicide for a time, she came down with fever and died.

Dr. Warren was reminded by this case of one that occurred in this neighborhood several years ago, familiar undoubtedly to most of the gentlemen present, where the same unnatural kind of intercourse was very generally thought to have occurred.

Dr. Storer remarked that idle gossip like this might easily be started by ignorant servant girls, where an illegitimate birth had occurred in the house, and a puppy had been employed to dispose of the milk.

The Secretary read a communication from Dr. Alfred L. Carroll, of New York, Corresponding Member, upon

INTERMITTENT PROLAPSUS UTERI DEPENDENT ON GENERAL ATONY.

Dr. Carroll said, "I would ask how commonly cases are met with, in which prolapsus uteri, instead of being the cause of other symptoms is, in itself, a transient symptom of temporary relaxation of the general system; — analogous, so to speak, to the pendulousness of the testicles, when a man is 'run down' from any cause. I have now had three cases of this intermittent prolapsus, if I may so call it; the uterus descending during times of fatigue and depression, and at other times recovering spontaneously its normal position. In none, of course, was the descent very great, but in all, permanent recovery followed tonic and hygienic treatment, without other local measures than cold douches."

Dr. Warren thought there could be no doubt of the correctness of Dr. Carroll's view. He had himself seen several cases that he could explain upon no other theory.

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Dr. Wheeler was inclined to consider such displacements as the effect rather of mechanical causes, as going up stairs and the like.

Dr. Storer, on the other hand, thought that Dr. Carroll might be right to a certain extent. In some instances of the kind alluded to, if not in all, the prolapsus was at least partially occasioned by increased weight from congestion, owing at times to local inflammation, and at others to congestion of the portal system. In such cases, therefore, there should be employed, in addition to tonics and general measures, local depletion for the one, and, for the other, the intelligent use of mercurials.

Dr. Bixby then called attention to the fact that the venerable gentleman present as an invited guest, Dr. McNab, a practitioner of fifty-seven years' standing, had been one of the first physicians in upper Vermont and New Hampshire, who had ever taken an interest in the detection and treatment of uterine disease. He would venture, under these circumstances, to nominate him to the Society as an Honorary Member. The motion was seconded by Dr. Storer, and carried by acclamation. The compliment thus unexpectedly conferred was responded to by Dr. McNab in appropriate terms.

Adjourned.

FOURTEENTH SPECIAL MEETING, OCTOBER 8, 1870.*

A Special Meeting of the Society was held, by order of the President, on the evening of October 8th, 1870, at Hotel Pelham, the President in the Chair. Present, Drs. Lewis, Martin, Blake, Weston, Dutton, Warner,

* The previous Special Meetings of the Society were to listen to a lecture from Dr. Lemercier, of Paris, and a course of twelve, by Dr. H. R. Storer. Reports of the first, second, and third of these meetings have already appeared in the Journal. — Eds.

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Bixby, Campbell, Sullivan, Wheeler, Warren, and H. R. Storer.

The Secretary requested, in view of a matter that he had to bring before the Society, that some other gentleman might be appointed to fill his place for the evening. Dr. Martin was accordingly so appointed.

Dr. Storer then called attention to the fact that the two members of the Society who had been directed to present to the American Medical Association, at its meeting in May, at Washington, the Memorial of the Gynæcological Society concerning the unjust discrimination made between applicants for admission to the Massachusetts Medical Society, had been cited by the Councillors of the latter to appear before a so-called Committee of Investigation; that they had attended the session of said Committee, under protest, stating the authority under which they had acted at Washington; and that nevertheless the Councillors, in violation of the by-laws of the Massachusetts Medical Society, had passed a vote of censure upon them, adding thereto the following sentence: "The circumstance that Drs. Storer and Sullivan, in interposing the objections aforesaid, professed to act, or acted, as representatives of a Society called the Boston Gynæcological Society, constitutes no justification of the course pursued by them." *

For himself, continued Dr. Storer, he had done but his duty towards the Society and the profession. He was perfectly willing to leave the question of whether he had been justly or unjustly attempted to be disgraced by those who had violated the Code of Ethics of the National Association, to the good judgment of its members.

Dr. Sullivan read extracts from a copy of the Records

* See this Journal, Nov., 1870, p. 322.

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of the Councillors' Meeting referred to, duly authenticated by their Recording Secretary. Dr. S. claimed that great injustice had been done to himself by the Councillors.

Dr. Weston stated that he had been present at the meeting of the Committee of Investigation, to which Dr. Storer had alluded. It was distinctly stated by its Chairman, Dr. Wellington, of Cambridge, that no charges had been, or would be, preferred against the representatives of the Gynæcological Society as individuals. There was a clear understanding between the parties upon this point, and there had been a gross violation of good faith committed, by the presentation of the report upon which the Councillors had acted. That report, moreover, afforded no palliation of the fact that the Councillors, in acting at all, had usurped a power belonging only to a properly constituted Board of Trial and to the Society at large.

Dr. Sullivan referred to the refusal of the Councillors at their Annual Meeting even to listen to the formal remonstrance sent to them, concerning the matter of the admission of Fellows, by the Middlesex South District Medical Society, which, as a Councillor from that district, he had been appointed by it to present.

Dr. Warner spoke of what occurred when the repeal of the obnoxious by-law with reference to the admission of Fellows was first moved, at the Annual Meeting of the Massachusetts Medical Society, in May, 1869. Though the propriety of such action was conceded by one of the Harvard Professors, Dr. J. B. S. Jackson, another of them, Dr. H. J. Bigelow, vehemently insisted upon its being allowed to remain, "as a right" of the College. As the occasion alluded to had been the first time that he had been present at a meeting of the State Society, he had been surprised at such a public exhibi-

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tion of ill temper, and still more so, when the President, Dr. Putnam, after openly listening to the interested whisperers at his ear, endeavored, by most unparliamentary means, to table the motion. In spite of these efforts, however, the proposed alteration of the by-law had gone to the Councillors, in accordance with the usual course, and they had refused to take any action upon it. There was no possible procedure left but an appeal to the American Medical Association, and in making such an appeal the Gynæcological Society had but done its duty. It was an impertinence in the Councillors to undertake to shift upon individuals the responsibility of its collective action, and a dastardly act to attempt to censure them.

Dr. Storer presented a copy of the Memorial, signed, on behalf of the Gynæcological Society, by its President and Secretary, and presented to the American Medical Association, at Washington. It is as follows: —

"*To the American Medical Association.*

"Boston, 19th April, 1870.

"Respectfully represents the Gynæcological Society of Boston, an Association duly organized, and in affiliation with your own, by the formal incorporation of your Code of Ethics into its Constitution, that a great and flagrant injustice is committed towards worthy members of the profession, by another medical association subject to your cognizance, to wit, the Massachusetts Medical Society so-called; in that, compelling every physician resident within the State to make application for its membership, under penalty otherwise of being considered and treated as irregular, it exercises an invidious and oppressive discrimination between the applicants; admitting the graduates of one medical

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school to full membership without other formality than the presentation of their diploma, while it subjects the graduates of all other medical colleges whatever to a rigid and, in view of the exemption referred to, ignominious examination;

"And wherein that the said Massachusetts Medical Society, by a recent vote of its Councillors, sheltereth itself behind an old and unwarrantable compact with Harvard College, still in force, in discriminative favor of the graduates of said college as against those of every other medical school in the country, and, upon remonstrance, refuseth to amend its ways;

"And wherein that the said Massachusetts Medical Society has long and notoriously broken that other of your rules, which, by Article IV., Section 1, of the Code, prescribes the duties of Physicians to Each Other, and to the Profession at Large, in that it permits irregular practitioners, publicly advertising themselves as such, to remain in full and acknowledged fellowship,—the Gynæcological Society would respectfully represent that it is incumbent upon your honorable body to take such action in the premises as shall mete to those collectively transgressing your Code, the same impartial justice as would be dealt to individual men, and to withhold from the said offending Massachusetts Medical Society, and its component District Societies, the right of representation at your sessions until it has purged itself of its present gross contempt.

"For the Society,

[Seal of the Society.] "WINSLOW LEWIS, *President.*
"HORATIO R. STORER, *Secretary.*"

The Memorial, he continued, was, in due course, presented to the Association in open session, and was referred to the Committee upon Ethics, consisting of Drs.

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Alfred Stille, of Pa., J. M. Keller, of Ky., N. S. Davis, of Ill., H. F. Askew, of Del., and J. J. Woodward, of the U. S. Army.

Meanwhile, and in accordance with the usual custom in such cases, a protest had been filed against the admission of delegates from the Massachusetts Medical Society, until the case had been adjudged. After the memorial of the Gynæcological Society had been referred to the Committee on Ethics, there arrived in Washington, Professor Field, of Dartmouth College, who presented the following protest to the Association, in open session; it also was referred to the Committee upon Ethics.

"WASHINGTON, 3d May, 1870.

"GENTLEMEN: — I regret that I have been detained upon the way from the North, and so have been prevented from presenting to you, at the proper season, the formal protest in behalf of Dartmouth College, against the admission of the delegates from the Medical Society of Massachusetts.

"Permit me now, however, to do so, and to say, that in admitting the graduates of Harvard College to fellowship, without the examination demanded of the graduates of the school with which I have the honor to be connected, and of those represented by two of your own number (Drs. Stille, of Philadelphia, and Davis, of Chicago), an insult has been given, for which satisfaction has in vain been sought at home, and which I now demand through you of the Association.

"Very respectfully,

"H. M. FIELD,

"*Prof., etc., in Dartmouth College.*"

That there might be no doubt as to Professor Field's

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protest receiving due consideration at the hands of the Committee, the representatives of the Gynæcological Society, in exercise of the discretionary power conferred upon them at home, submitted to the Committee, through its Chairman, an explanatory note. It is as follows: —

"*To the Committee upon Ethics of the American Medical Association.*

"GENTLEMEN: — The undersigned, having reason to believe that your Committee have labored under a mistaken impression with regard to the grounds upon which the protest has been entered by the Gynæcological Society of Boston against representation at this session by the Massachusetts Medical Society, would respectfully call your attention to the following facts: —

"1. That the protest says nothing about Fellows of the Massachusetts Medical Society consulting with irregular practitioners; therefore it is not necessary that charges should have been preferred against such parties; this being entirely a separate matter, capable of being disposed of at home, and with it your decision has nothing to do.

"2. That charges in writing have been made against the irregular practitioners themselves, and the Massachusetts Medical Society has failed to take honorable action in the premises, and that in accordance with this fact, which cannot be disposed of at home, your Committee are bound to afford the desired relief.

"3. That a member of the profession from a distant State, a graduate of Dartmouth College, stands at present distrained of his rights as a physician in honorable standing, by rejection by the Censors of the Society after an invidious and unfair examination, while his own

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hospital steward was admitted over his head to fellowship without being asked a single question, upon the mere presentation of the Harvard diploma; a violation of your Code with which the Society has been formally charged, which it has refused to right, and which therefore it is incumbent upon you to act upon.

"4. That a statute of the Society permits and sanctions this outrage, in violation of your Code; that the Society has been called upon to rescind it, and that it refuses to do so. This charge, also, you cannot ignore.

"That there may be no mistake in the matter, these charges are now distinctly and emphatically repeated. You will perceive that they are upon two separate points, which should be decided upon, each by itself, and which must not be confounded; namely, the unjust fostering of Harvard College, and the prolonged tolerance of irregular practitioners in despite of every effort which the by-laws of the Society will permit, to oust them.

"You will also perceive that the first of these charges is the one that affects more particularly the honor of the whole profession, and must not therefore be winked out of sight, while the latter is of comparatively trifling and local importance, and you are reminded that to permit such conduct in high places without rebuke, or to pass over charges such as these, which have been proved true to you beyond possible denial, is to yourselves strike a blow at the very heart of the Association.

"The undersigned would not imply that it is possible that any member of your Committee, no matter what college he may represent, can be actuated in his decision by the fear of incurring the displeasure of a powerful rival, or by timid subserviency to a let-alone policy, or by a still baser desire to compromise, in this question of right and justice; but they would nevertheless remind you that to admit the Massachusetts delegates the

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present year would be considered, and would be, an endorsement by you of what, in individuals, would be unhesitatingly condemned.

"Moreover, a collateral protest from Dartmouth College has arrived since the case was closed by you, to receive which, it is respectfully suggested, it is incumbent upon you, alike as impartial judges and honorable gentlemen.

"If, as it is now represented, your report has already been sent to the President of the Association, it is certainly in your power to request its return until you shall have been enabled to render it, if not already so, in full accordance with the facts in the case, even if you have to delay until the case of the Washington Societies has been settled.

"All of which is respectfully submitted.

"HORATIO R. STORER.
"JOHN L. SULLIVAN.

"WASHINGTON, May 4, 1870."

The verdict of the Committee on Ethics, accepted and adopted by the Association, was familiar to all. With reference to the first count, it reported that, "although strongly disapproving of the course pursued by Harvard University," it yet felt that the exposure that had been made would prove sufficient to correct that abuse; and that, with regard to the second count, the charge of tolerating irregular practitioners having been fully proved, and being plainly in violation of the Code of Ethics, the Massachusetts Medical Society ought not to be admitted to further representation until it should have put itself again into accordance with the Code. Under certain alleged extenuating circumstances, the delegates from the Massachusetts Medical Society then in Washington were permitted to register themselves,

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with the understanding that no others would be received till the Society had put itself right upon the record.

Upon their return to Massachusetts, a portion of the delegates from the State Society, but not all, united in a complaint against the representatives of the Gynæcological Society at Washington, as individuals.

This complaint was not rendered to the Massachusetts Medical Society, as it should have been, but to the Councillors; who thereupon, in utter disregard of the by-laws, appointed a Committee, who virtually tried and condemned, as individuals, the aforesaid representatives; recommending them to censure by the Councillors, who were nothing loth, illegally as before, to carry out the suggestion. To make the action of the Councillors more offensive, and their animus more evident, a garbled copy of their vote was printed, as though it were official, in the "Boston Medical and Surgical Journal,"* and a reprint of this sent by mail all over the country, for the purpose of injuring the professional reputation of those who had upheld the honor of the Association.

This cowardly method of warfare Dr. Storer would also leave for the judgment of fair-minded men.

Dr. Warner stated that he believed the case had been impartially stated. He for one was not willing to stand quietly by and see such iniquitous proceedings as those of the Councillors tamely submitted to. Nowhere save in Boston would the profession have tolerated, so long as it has done, such a yoke upon their necks.

Dr. Martin was of the same opinion. He would therefore offer resolutions that, as the Gynæcological Society was alone responsible for the action of its representatives, Drs. Storer and Sullivan, at Washington, it only could be dealt with in the matter; that the

* Loc. citat., Oct. 27, 1870, p. 266.

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Councillors of the Massachusetts Medical Society grossly exceeded their province in attempting to wield an authority belonging only to their constituents; and that the Gynæcological Society demand for itself a trial, as provided for by the laws of the State Society.*

The resolutions were seconded by Dr. Warner, and unanimously passed.

Adjourned.

THE RELATIONS OF THE FEMALE SEXUAL ORGANS TO MENTAL DISEASE.†

By Prof. Lewis Mayer, of Berlin. Translated by George H. Bixby, with Notes by Horatio R. Storer.

[*Read before the Society, May* 3, 1870.]

III.

Attention having been given to the influences of sexual excitement upon the mind, during infancy, during girlhood, and preceding puberty, we are now naturally led to

II. THE INFLUENCE OF MENSTRUATION UPON THE MIND.

From the first appearance of menstruation, to the climacteric, there exists between it and the mind an unmistakable sympathy and reflex influence. This is a well-known fact, which, however, needs this limitation, that the normal catamenia scarcely produce any morbid effects upon a healthy mind or a healthy body. When they do so, it is a sure indication of the existence of

* See this Journal, November, 1870, p. 324.

† Continued from this Journal, May, 1870, p. 304, and August, 1870, p. 105.

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anomalies in one or the other, or in both. It is exactly here that we find frequent cases which seem to stand in antagonism, where, in apparently healthy persons, a seemingly normal menstruation occasions a series of symptoms, and exerts a reflex action upon the intellect and emotions.

Generally, no absolutely distinct boundary line can be drawn between health and disease; healthy minds, healthy bodies, and healthy menstruation are flexible terms, which may include a number of minor disturbances. No one considers as symptoms of disease the generally insignificant feelings of discomfort which usually accompany menstruation, such as nervous irritability, quickness or irregularity of the pulse, etc., nor are trifling variations in the quality, quantity, duration, or color of the fluid ordinarily ascribed to anomalies in menstruation. How often may minor pathological actions within the sexual period be entirely out of our observation and perception, and hence be looked upon throughout as physiological, when they are really not so!

On the other hand, we are not accustomed to rank among diseases those mental disturbances occurring only during menstruation, such as temporary mental depression and exaltation, melancholy, anxiety, sensitiveness, unusual animation and the like, slight weakness of the memory, judgment, etc.

If all these concomitants of menstruation can occur in health (although certain deviations from the normal conditions must not be mistaken for them), they always retain the character of predisposing causes which present the possibility of passing into a state of actual disease; not only by the accession of other ills, but independently of them, especially in protracted cases, by their reciprocal action upon each other. Although we

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are unable to find any physiological explanation of either the normal influence of menstruation upon the morbidly disposed, or actually diseased mind, or of its disturbing influence upon a healthy one, still it may be observed that positive nervous changes connected with the periodical development of the ovum may arise from a disturbed state of the general circulation, and of the brain, incident to the monthly discharge; or they may arise from abnormal changes in the condition of the genital organs, occasioning through their nervous connections, directly or indirectly, a certain degree of tension of the spinal cord. It follows, then, that neither the regular nor the irregular menstrual flow, of itself, operates as the cause of mental affections; but it is rather the physiological and pathological antecedents, which underlie it, of which the catamenia are the symptom, or only the impression, which come under clinical observation.

The rare but, at the same time, well-authenticated cases of conception without the existence of the catamenia, prove conclusively that the monthly discharge from the uterus does not always occur simultaneously with ovulation.

I have seen many cases of conception during amenorrhœa of many years' standing. The following is such an instance: —

Case VII. Mrs. D. B., from the working classes, menstruated regularly and profusely from her thirteenth till her twenty-first year. From this time on, she saw no sign of her menses; nevertheless, during the next eleven years, she bore three children.

I have observed but one case of conception when the catamenia had never occurred. This was that of

Case VIII. Mrs. D., the wife of a coachman, aged fifty-two. Up to her forty-sixth year, she had never

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menstruated. She had, nevertheless, given birth fourteen times. Of these children, three pairs were twins, and three were abortions. She enjoyed apparently good health during the whole time.

A few weeks subsequent to her last labor, the menses appeared, regular as to time, but attended with pain, nausea, vomiting, and not unfrequently with hematemesis. At fifty, an examination revealed a large, though not subinvoluted, retroverted uterus, exceedingly tender upon pressure, with granular erosion of the cervix.

The influence of normal menstruation is unmistakable in very many, if not in the majority of insane women. According to Schläger,* in sixty-seven among one hundred women that were mentally affected, there were present the minor disturbances mentioned above, and in the remaining thirty-three there were undoubtedly traces of actual disease. Insane persons, who were quiet and gentle during the interval, fell into maniacal ravings during the menstrual flow, not unfrequently of an erotic character. The paroxysms of four epileptics were intimately connected with the menstrual period. In the cases of melancholy, with attendant delirium and nymphomania, the latter symptoms were more prominent during the catamenia.

In twenty-two cases with suicidal tendency, seven attempts at self-destruction were made during menstruation. The influence of the catamenia was always manifest in cases of idiocy, as shown by raving, biting, obscenity, and an excessive inclination to masturbate. "Menstrual anomalies," says Esquirol, "make up a sixth part of all the causes of female insanity."†

The symptoms which are present in menstrual dis-

* Allgemeine Zeitschrift für Psychiatrie, XV., 1858, p. 457.

† Die Geistkrankheiten in Beziehung zur Medizin und Staats-Arzneikunde. Deutsch von Bernhard, 1858, p. 41.

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turbances, and which may be considered as the consequence of local or general conditions or processes * of disease, occur in two principal groups, namely: —

1. Nervous manifestations, etc.

2. Anomalies of menstruation, which include complete suppression, and irregularities in the quantity, quality, and duration of the discharge.

The important relations of these menstrual phenomena to mental disease will justify the presentation of the results of my own investigations.

Among six thousand women and girls,† there were 1138, or 18.97 per cent. without menstrual anomalies; 4862, or 81.03 per cent. with menstrual anomalies. Among the latter, there were 2676, or 55 per cent. with general disturbances of the nervous system; 2647, or 54.04 per cent. with menstrual irregularities; 2205, or 45.07 per cent. with nervous disturbances without menstrual irregularities; 2185, or 44.09 per cent. with nervous phenomena with menstrual disturbances.

It may be of interest to notice here the influence of different modes of life, as shown by statistics presented by me to the International Medical Congress, at Paris, in 1867,‡ and others contained in the work of my respected friend, Dr. Krieger.§

Taking as a basis three thousand cases from the higher and middle classes, and three thousand from the lower and laboring classes, it appears that there were, with menstrual anomalies, in the first, 2846, or 94.87 per cent.; in the second, 2016, or 67.02 per cent. With general disturbances of the nervous system, in the first,

* Purely nervous dysmenorrhœa is, no doubt, induced by irritation, and a disturbance of the powers of conductibility of the nerves.

† These cases are arranged according as they consulted me, in which labor I was generally assisted by my friend and confrère, Dr. Raschkow.

‡ Congrès Médical International de Paris, Août., 1867, p. 206. Paris, 1868.

§ Die Menstruation, eine Gynæcological Studie. Berlin, 1869.

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1722, or 57.40 per cent.; in the second, 954, or 31.08 per cent. With irregularities of the menses, in the first, 1377, or 45.09 per cent.; in the second, 1270, or 43.33 per cent. With nervous manifestations without menstrual irregularities, in the first, 1459, or 48.63 per cent.; in the second, 746, or 24.87 per cent. With nervous manifestation with irregularities of the menses, in the first, 1123, or 32.43 per cent.; in the second, 1062, or 35.04 per cent.

These statistics establish the fact, that a mode of life, dependent for its maintenance upon manual labor, in which constant activity and physical exercise, combined with a proper simplicity and temperance are practised, and which has no leisure to notice minor ills, has a tendency to lessen the irritability of the nervous system, and render it less vulnerable, in the same manner as a life that is attended with every luxury, which renders physical exercise less necessary, not only leads to effeminacy, and renders the individual more susceptible to disease; but gives greater significance to apparently lesser ills.

1. Menstrual phenomena accompanied by nervous irritations, generally appear within, or in the vicinity of, the sexual organs. There frequently occur, also, reflex conditions of the motor and sensitive portions of the entire nervous system. A special collection of such nervous symptoms in the cases of twenty-one hundred women and girls, from the higher and middle classes, in connection with a simultaneous investigation of the mental diseases arising from, or aggravated by, menstruation, gave the following results:—

Among these twenty-one hundred cases, 400, or 19.05 per cent. experienced phenomena of this kind just previous to, or immediately after, the menses.

In twenty-two cases, there were present mental disorders, mostly of a depressing, less often of an exalting,

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nature, accompanied by delirium, or maniacal paroxysms, during the menses. The same occurred in the epileptics, especially while menstruating. In four cases there was considerable loss of memory; and, finally, three hundred and seventy-two suffered from the following disorders: —

86	or 21	per cent.	from	cephalalgia.
67	" 16.75	per cent.	from	cardialgia, with and without nausea.
52	" 13	"	"	hysterical convulsions.
45	" 11.25	"	"	hemicrania.
37	" 9.25	"	"	general debility.
23	" 5.25	"	"	præcordial trouble and dyspnœa.
15	" 3.75	"	"	hyperæsthesia and anæsthesia.
8	" .2	"	"	vertigo.
4	" 1	"	"	chorea.
5	" 1.25	"	"	mastodynia.
2	" .50	"	"	catalepsy.
1	" .25	"	"	aphonia.
1	" .25	"	"	idiosyncracies.
1	" .25	"	"	trismus.
1	" .25	"	"	feelings of cranial vacancy.

The disorders occasioned by menstruation may be considerable, without affecting in the least degree the mental functions. On the other hand, by the aid of existing or acquired influences of a different nature, the milder forms of these nervous phenomena may result in predisposing or occasional causes of mental disease. The consideration of the separate diseases of the sexual organs will be taken up hereafter. We come now to our second head, the Anomalies of Menstruation.

(*To be continued.*)

Note by Dr. Storer. — In his remarks upon the relations of the normal catamenia to mental disease, and still more when speaking of what obtains when the function is in any way permanently disordered, Prof.

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Mayer seems to forget in the discharge itself the nervous ovarian influence that initiates and underlies it. I say, the ovarian influence, for although cases may occur like those recorded by myself and others, where a periodic hemorrhagic discharge may persist after both ovaries and even the uterus have been removed,* the catamenia seem nevertheless to depend at the outset upon the presence of ovaries or an ovary. So far as the mere fact of the hemorrhage is concerned, the discharge, it would appear, ought to serve, as would an artificial blood-letting, to relieve both local and general plethora.

It will be found, I believe, in many cases of insanity accompanying what might be supposed perfectly healthy menstruation, that an examination, so often neglected in these cases, will reveal one or another form of the vast variety of uterine disease; such as endometritis, with or without displacement, which, from the absence of functional derangement of the character referred to, might never have been suspected by the attendant.

With regard to the question of impregnation in the apparent absence of menstruation, to which Prof. Mayer alludes, it must not be forgotten that the menses are frequently supplanted by a colorless leucorrhœal discharge, and, in the same way, that a chronic blenorrhagia may have its periodical exacerbations, each of them being coincident with the process of ovulation.

My own views upon the influence of apparently healthy menstruation upon the mind have been elsewhere stated.†

* I would refer to a most interesting and philosophical paper, upon Non-Ovarian Menstruation, by Dr. A. Reeves Jackson, in the Chicago Medical Journal, October, 1870, p. 583.

† The Causation, Course and Treatment of Reflex Insanity in Women. By Dr. H. R. Storer. Lee & Shepard, Boston, 1871, p. 104.

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SOME POINTS IN THE LOCAL TREATMENT OF ENDOMETRITIS.

By C. D. Palmer, Cincinnati, Professor of Obstetrics and the Diseases of Women, in the Medical College of Ohio.

[*Communicated to the Society, and read Dec. 20, 1870.*]

It may be laid down as an established fact, that to insure the greatest efficiency from intra-uterine medications, in the treatment of endometritis, we must have as clean a surface as possible upon which to operate. This is a preliminary step in the application of medicinal agents to diseased surfaces, which is ever recognized in the treatment of diseases of the eye, ear, or limb. It is dwelt upon by Byford and Thomas. The latter directs cleansing the cervical canal with bits of sponge, seized with the speculum forceps, and with an appropriate syringe, the current from which is directed with violence against the cervix; while the interior cavity is to be swabbed out with cotton, firmly wrapped upon a probe, and also by sucking up the secretion with a syringe, the tube of which is introduced within the uterine canal.

Thomas' method is sufficient so far as the cervical canal is concerned; but can the same be said in reference to the cavity of the body of the uterus?

Nott's double canula, an ingenious instrument, although all we could ask for washing out the female bladder, is not free from objections for uterine purposes.

I have made use of a canula which seems to be superior to Nott's. When Dr. Patton, of this city, showed me his catheter* for washing out and medicating the

* Described in Cincinnati Lancet and Observer for December, 1869.

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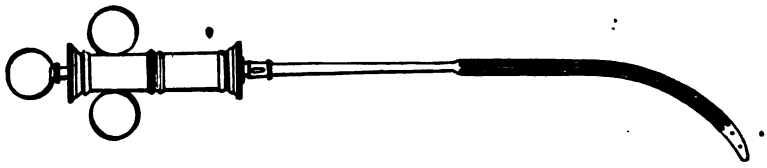
male urethra, a natural inquiry was, could not this instrument be used for the uterus also? I have accordingly modified his instrument in the following particulars, adapting it to uterine purposes. A silver tube (No. 7),



eight and a half inches long, is attached by a screw to a perfectly accurately working syringe, like Anel's, of the capacity of half an ounce. This tube, with four instead of six bars, to permit greater freedom in the exit of fluid, has an appropriate curve, for easy introduction. The bars extend four inches from the distal extremity, to suit the length of various uteri. The cap has nine minute perforations, — one at the extremity of the tube, and two on each face. This canula can usually be introduced into most uteri without difficulty, through, or without the use of, the speculum. Occasionally previous dilation is required, for which purpose Kammerer's metallic bougies may be used. The expense, time, trouble, not to say pain and danger, of sponge tents, are entirely unnecessary. The half ounce of fluid is slowly and gently injected; the greater portion of which, by the cap arrangement, is as rapidly thrown back, together with whatever of secretion may have been retained within the uterus. The fundus is washed off by the current through the perforations. Retention of fluid within, and consequent distention of, the uterine cavity are impossibilities. No air is mixed with the fluid because of the accurate working of the piston; the force of the stream and the quantity of fluid are regulated ad libitum. If necessary, the syringe can be unscrewed at its junction with the tube,

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refilled with fluid, or medicine, and injected without withdrawal of the latter.

The design of this instrument is, then, simply to wash out and medicate the interior cavity of the uterus.

Most cases of corporeal endometritis, and of general endometritis, if of any duration, are attended with marked enlargement of the uterine cavity. Such a condition of things is exceedingly unfavorable in a number of ways. Large quantities of blood, mucus, and pus here accumulate, which we never succeed in completely removing by the ordinary methods. The use of the canula in such cases is attended with special advantage.

The fluid used for cleansing purposes is salt water, from v. to i. grs. of common salt to ʒ i. of clear water, at the temperature of 98° F. It is well known, as stated by Peaslee, that warm water, containing salt in solution, thus resembling the natural fluids of the body, is far less irritating to mucous and serous membranes than pure water. We have abundant clinical evidence in demonstration of this fact, with the eye, pharynx, vagina, and peritoneum. Using this fluid, I have repeatedly injected the uterus of a considerable number of patients without occasioning any more pain than is produced by the introduction of an ordinary sound, and have also used medicated fluid with but little more pain than results from the application of the same agents by means of the applicator.

Necessarily we are to expect greater pain to follow the application of an astringent, caustic, or alterative medicine to a diseased surface, previously made clean, than when thickly covered with tenacious secretions. In the latter instance, the caustic is mixed with blood, mucus, and pus, and the full force of the agent is spent in their neutralization. Doubtless it has seemed to

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many like an exceedingly bold and hazardous practice, to inject such an agent as chromic acid within the uterine cavity. It cannot be denied that it has been done often, and that, too, with no injury, but rather advantage, to the patient. But the good results obtained have been purchased at great risks,—risks so great as to make the practice very questionably justifiable.

Now, the injection of salt water alone, in many cases of uterine catarrh, proves highly curative, and will often be found of itself sufficient. If not, after washing out all secretions, the application of the necessary agent may be made with the probe and cotton. Such a procedure, in the majority of instances, is preferable, and more advisable than injection of the same agent, being safer, and, after the preliminary cleansing of the surface, sufficiently thorough.

There are two agents in particular in the treatment of uterine catarrh, which may be employed with this canula advantageously, and in certain cases, when there is due tolerance of the organ, safely. These are diluted Churchill's tincture of iodine, and diluted carbolic acid, first in weak solution, and then of gradually increased strength.

In fine, whenever intra-uterine injections can be safely employed, this canula may be used. Reference, of course, is not had to the parturient organ.

It may be useless to remark, that this operation is to be performed carefully and cautiously. The susceptibility of the uterus is first to be tested by digital and manual exploration, and examination by the sound, and then the effect of the injection of salt water watched, before essaying the use of a medicated fluid.

There are many important and exceedingly nice points connected with the local treatment of endometritis.

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To choose the best agent or agents for each case; to determine the frequency of their use; to decide upon the time of their application, in reference to the menstrual periods; to fix the exact seat and extent of their application; to enjoin proper subsequent rest and position, — all of these are essentials which materially affect our success.

As to the risk of intra-uterine treatment, we cannot positively be assured that in *any* case, and at *all* times, unfavorable results will not happen. Certain risks, greater or less, according to circumstances, must be taken into consideration. All authors speak of this. The application of some agents is much safer than of others. Even the ingestion of tincture of iodine, a medicine of which the uterus is more tolerant than almost any other, has been followed by very unfavorable symptoms.

Sponge tents have done much harm in some hands. We feel confident that their frequent use, as often now recommended, is not as free from danger as some would lead us to suppose. Peaslee well puts it, when he says, "Applications to the endometrium require a delicate surgical dexterity, and those who possess neither tact nor experience in this direction will probably do more mischief than benefit."

In conclusion, it may be said that the practice of intra-uterine injections, although disapproved of by so excellent teachers and practitioners as Thomas, Storer, and others, is gaining favor among gynæcologists. The recently published experiences of Kammerer, Nott, Peaslee, and Lente, though each has a method peculiar to himself, bear evidence to this statement.

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EVERSIO UTERI AS A CAUSE OF PROLAPSUS.

By Prof. E. Martin, Berlin, Prussia. Translated by H. O. Marcy, Cambridgeport, Mass.

[*Communicated to the Society, and read Aug.* 16, 1870.]

Under prolapsus uteri one has to understand, according to the recently established demonstrations of myself, and especially the labors of P. C. Huguier, no longer exclusively the falling, or lower position, of the whole organ, but much more the descent of the vaginal portion, to and out of the ostium vaginæ; and therewith the fundus uteri may be at or near its usual position, about two centimetres* under the direct diameter of the entrance to the pelvis.

Then, although in many cases the lengthened, or not lengthened, uterus is prolapsed in its whole extent, sometimes indeed to such a degree that one can clasp the fundus from the rectum, yet there exists in the majority of cases of prolapsus uteri really a more or less observable elongation of the organ; seldom of the vaginal portion alone, more often of the supra-vaginal part of the cervix, and sometimes also of the body of the uterus without a perceptible descent of the fundus.

The elongation of the body of the uterus is a condition frequently to be established, whether happening from new growths in its wall, resulting from detention of menstrual blood, etc., through stenosis of the os internum, or externum, or as the result of inflammatory development after childbed, without however requiring that the uterus must take a deeper position in the pelvis. On the contrary, one often finds in these cases the fundus between the umbilicus and pubes bent to the one or the other side.

* The centimetre is equivalent to nearly two-fifths of the English inch.—Eds.

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The walls of the lengthened uterus are thereby sometimes thickened, in which case the fundus appears in the pelvis behind the abdominal wall as a tumor, not unlike an ovarian growth, an exudation from perimetritis, etc., giving rise to many deceptions. Sometimes the uterine walls appear so thin, that the sound, which in some cases can be introduced into the uterine canal to the length of fifteen centimetres or more, is felt with its end directly behind the abdominal parietes, which are likewise in these cases generally thinned.

In the first observation of the kind, which happened to me more than twenty years ago, the suspicion arose that the uterine wall might have been perforated,—a thought which seemed to be supported by the circumstance that the end of the sound, after it had been introduced for several centimetres into the cervical canal, advanced over an inconsiderable obstruction (the os internum) further into the lengthened uterine cavity, and then could be carried even up to the region of the umbilicus. The uterine wall appeared so thin, that after the removal of the sound one could neither by means of percussion or palpation mark its position behind the abdominal parietes. But it could not be said that there was a piercing of the uterus in this, and similar cases, since neither a drop of blood followed the withdrawal of the sound, nor peritonitis or any other accident supervened; which certainly would have resulted from such an injury. The description given by Hildebrand* of a case of the introduction of the sound into one of the Fallopian tubes, resembles so exactly the observations just now and earlier made, that it may have resulted from a like condition. The possibility of introducing an ordinary sound into the uterine opening of a Fallopian tube will appear to us

*Monatsschrift, 1868.

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removed beyond all doubt after an experiment upon the dead body. The elongation of the lower portion of the uterus through drawing upon the part of an hypertrophied cervix, will be mentioned further on.

Elongation of the cervix sometimes affects the vaginal portion, sometimes the supra-vaginal portion, and sometimes equally both parts.* I have seen lengthening of the vaginal portion even to the extent of eight centimetres, without development from new growths, alike in children, young girls, and pregnant women, more commonly as a symptom of a fresh inflammatory process, with œdematous swelling; as also in women recently delivered, who were likewise affected at the same time with prolapsus of the vagina anteriorly, and cystocele.

The vagina in these cases was by no means always everted, and yet the vaginal portion, which was either of a somewhat lively red color, or in pregnancy observably thickened and of a bluish-red, with the correspondingly shaped os uteri protruded more or less from the ostium vaginæ.

In several of these cases, of which three in the third or fourth month of pregnancy were united with retroflexion, the symptoms and other relations gave rise to the suspicion that the kolpitis and endometritis might have had origin in venereal affection.

Rest in the horizontal position, or in cases of retroflexion, — as also indeed after the organ has been restored to the proper position, — with the patient constantly upon her side; cool lead washes, and a corresponding diet, produced in all cases a cure. On the other hand, in old hypertrophied increase of the vaginal portion, which sometimes had involved only one lip, its separa-

*Since writing the above, I have seen in a dissertation written by Ferd. Rumbert, in conjunction with Stoltz, of Strasburg, in 1865, upon the Hypertrophied Elongations of the Neck of the Uterus, that the same divisions of hypertrophy have been made by them.

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tion by the ecraseur or guillotine was frequently necessary; partly in order to remove the burdensome suffering, and in part to render possible the introduction of a suitable pessary.

Elongation of the supra-vaginal portion of the cervix most frequently produces prolapsus and external protrusion of the vaginal portion, which thereby sometimes, but by no means always, appears likewise lengthened; sometimes indeed shortened, and frequently thickened, and firmer than usual. The os uteri is then either everted, widely gaping, or the outer opening of the cervical canal is small, so that scarcely the end of the sound can pass through, and in old cases it may also be united, or grown together.

The uterine sound glides thereby usually more than three centimetres into the cervical canal, until it reaches a somewhat narrower place, the os internum, after the passage of which it can be carried forward without trouble, about as far as the usual length of the entire healthy uterine cavity.

The bordering vagina appears everted, but is easily to be recognized by its cross ridges and scaly epithelium; from neglect, erosions and ulcers are often found in the deepest places. Generally the bladder has descended at the same time with the anterior vaginal wall, and not seldom the lower point of the bladder reaches, as the sound introduced into the urethra demonstrates, even to the lowest portion of the protruding tumor anterior to the os uteri.

The posterior portion of the vaginal fold or arch, in the beginning, does not usually protrude, — certainly not always, — although the uterine lips are visible externally. But in many cases there exists a prolapsus of the lower portion of the posterior vaginal wall, with rectocele, notwithstanding the almost regular height

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of the posterior part of the vaginal arch, which is held up in this variety of prolapsus through the uninjured condition of the sacro-uterine ligament.

The posterior half of the vaginal arch first sinks down in prolapsus of long standing, which is occasioned by lengthening of the upper part of the cervix.

The opinion of a few, that the protrusion of an intestinal loop into Douglas' fossa, and the elongation of the same, generally produces prolapsus, does not agree with my own observations.

I have only very rarely observed this, — once, and indeed repeatedly, in a pregnant patient who suffered a rupture of the perineum without prolapse of the uterus, — and have oftener seen ascitic fluid in the peritoneal pouch which forms the posterior vaginal arch.

The elongation of the supra-vaginal portion of the cervix is either united with thinning of the walls, especially in fixation of the fundus, through adhesions or fibroid growths, and similar causes, or elongation is produced by an hypertrophy extending itself further upon the cervix. In the former, the lower portion of the cervix alone appears thickened and swollen, so that the question arises, whether the dragging down, through this first part increasing in size, has not caused the lengthening, more than, as we usually say, through the influence of vaginal prolapsus, generally existing at the same time with cystocele. That in these relations, as experience shows, the prolapse of the uterus is often united with retroflexion, needs here no discussion.

In elongation depending upon hypertrophy, the supra-vaginal portion also appears thickened and lengthened, and the prolapse is the more surely produced. In both cases the vagina usually takes part in the hypertrophic process, perhaps in many only secondarily, after it is inverted.

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As we observe that these cases of prolapsus depending upon hypertrophy of the cervix are more exactly in agreement with the descriptions which Froriep, Cruveilhier, Huguier, and others have given, so it appears that thereby the lower and thickened portion of the cervix is not seldom turned outward, similar to the result in those cases of eversion of the uterine lips, which are sometimes seen after a deep lateral rent of the os uteri, from which chronic metritis has resulted. Virchow has chosen for these forms the designation of "snout-formed" vaginal part; Roser, the term ectropion.

This turning outward, fittingly named eversio, in resemblance to inversion of the fundus uteri, — a term in every case preferable to extroversion, chosen by Blandin, — must depend upon a preponderating development of the sub-mucous layer, which draws the mucous membrane outward, whilst the underlying muscular layer contracts.

The part of the cervix lying higher up must thereby gradually follow, and, when the os uteri is not torn, there results an eversion; so that the cervical canal presents a small round opening.

It is scarcely necessary to observe that the elongation of the uterus, depending upon hypertrophy of the walls of the cervix, be it or not united with eversion, does not always of itself, — for example, if it contracts upon the uterine lips, — lead to prolapsus, that is, to the protrusion of the os uteri externally. The puffing out of the anterior vaginal wall, and the cystocele usually united with it, play as a rule the chief part in the protrusion, with the exception of the above-mentioned cases of exclusive lengthening of the vaginal portion. This protrusion of the anterior vaginal wall is developed in most cases during the last months of pregnancy, and continues after confinement, through defective involu-

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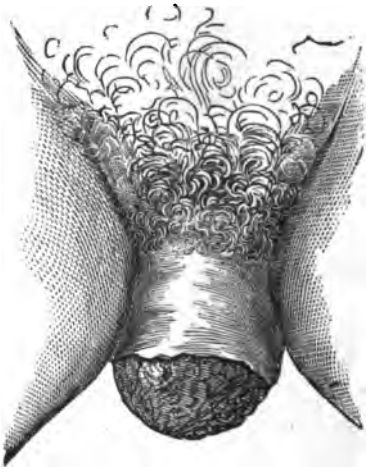
tion. It is in the highest degree probable that the original imperfect development, or a morbid weakening of the pubi-vesico-uterine ligaments, furnishes an essential condition in prolapsus; but this, however, needs anatomical demonstration. Previous to such, we only know that in the falling of the anterior vaginal portion with commencing cystocele, coming on usually after the first delivery, the first troubles complained of by the patient refer themselves to the perhaps yet limited vaginal prolapse. Doubtless it may be united with the sensation of dragging, as we have often heard complained of in recent cervical metritis, also without displacement. Generally the complete protrusion of the vagina and vaginal portion of the cervix first appears after repeated child-bearing.

If one examines, however, in the beginning, such cases of limited anterior descent of the vagina, with the uterine sound, he will generally find the cervical canal already perceptibly elongated.



FRONT VIEW.

But this development of the sub-mucous layer of the cervix, causing eversion, sometimes affects one lip,

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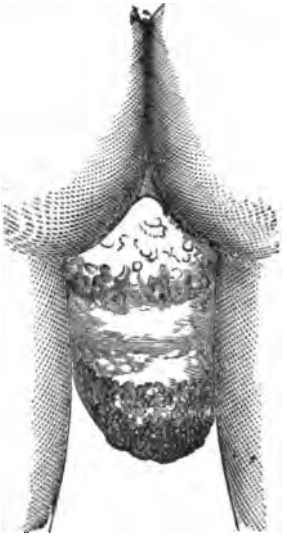
particularly the anterior, more than the other, and the bordering vaginal portion, as is seen in the drawings which I have had taken from a preparation of the above-mentioned parts, preserved during my gynæcological clinic of 1867; sometimes it affects the whole cervix. In the latter case, there exists, although the os uteri is not torn, an eversion, or turning out, of the cervical canal, so that the projecting part, similar to the head of the penis, and covered with a dark-colored, velvety mucous membrane is seen in front of the inverted vagina, pro-



BACK VIEW.

truding from the ring formed by the whitish vaginal folds.

The entire part, protruding several inches from the vagina appears, as already mentioned by Morgagni, so similar to a penis, that one can designate the prolapsus as "penis like." *

* This form, copied from a preparation preserved in the Anatomical Museum at Jena, is figured in the Chirurgical Kupfertafeln, Weimar, 1822, pl. 6.

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In amputation of this form of prolapsus uteri, it is very important to remember that the peritoneal folds which cover the anterior and posterior wall, may approach very near to the lower end of the projecting part.

The rectum is then not complicated in this form of prolapsus, and it is also not necessary that the bladder should be protruded, whilst in the other forms it is usually found in the prolapsed portion. In a case that I have described, the anterior peritoneal fold was drawn down even deeper than the anterior lip of the uterus. Similar observations have been made by Huguier, and by Le Gendre.*

In the latter case the posterior peritoneal fold extended very near to the lower end of the rectum.

(*To be continued.*)

THE TREATMENT FOR RESTORATION OF THE PERINEUM.

By A. Ives Beach, Jr., Council Grove, Kansas.

[*Communicated to the Society, and read Oct.* 18, 1870.]

April 19, I received a telegram from Dr. A. I. Beach, of Bellville, O., to come to that place and assist him in operating on Mrs. M., a young married lady, twenty-three years of age, for laceration of the perineum. The accident had occurred at her first confinement, six months previous to my seeing her. Four days after the accident she was operated on by her attending physician, but without relief. The laceration involved the perineum, the external and part of the internal sphincter

* De la Chute de l'Uterus. Paris, 1869.

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ani. The lady was in excellent health, and the bowels were evacuated by a saline cathartic, the evening previous to the operation, and continued to move until four o'clock P.M., when morphiæ one-third grain was administered. She was then placed upon the table and brought under the influence of chloroform. The time occupied in the operation was two hours, during which one pound of chloroform was used. The large amount of chloroform required was probably due to the use of cold or partially cold water for sponging the wound.

Three deep sutures of silver wire doubled, and three superficial sutures of single silver wire were taken. No rigidity of the sphincter ani being present, no incisions were made.

After the immediate effects of the chloroform had passed off, she took morphiæ one-third grain. Six hours after the operation the catheter was passed easily; eight hours later it was passed again, but with so much difficulty that we concluded to try some other plan, and avoid annoyance to the patient. She was therefore, with only the assistance of the nurse, placed on her face, over a bed-pan, and succeeded in voiding the usual quantity of urine without inconvenience or soiling. This was repeated as often as required, and we had no further occasion to use the catheter.

The patient continued very comfortable and in good spirits all the time, but suffered somewhat from nausea for two days from the secondary effects of the chloroform.

On the fourth day she had some fever, with pulse slightly irregular, but was cheerful and comfortable and had a fair appetite. A vaginal injection of permanganate of potassa, ten grains, to water one ounce, was used and lint saturated with the same solution applied to the vulva.

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The bowels were kept locked until the fifteenth day, when they were moved by flaxseed enemata, and kept in a soluble condition until the twenty-second day, when the deep sutures were removed, the superficial sutures having been removed at the end of the second week.

There was no suppuration, and the patient returned to her home at the end of five weeks entirely cured, and twelve weeks after, reports herself perfectly well.

The principal features of the case are, the large amount of chloroform required, absence of suppuration, dispensing with the use of the catheter, perineal bandage, and bandage for the knees, a napkin pinned around them being substituted for the latter.

EDITORIAL NOTES.

IT IS A SOURCE OF REAL PLEASURE to us, that the Councillors of the Massachusetts Medical Society, who signed their own death-warrant when they voted to disobey the order of the American Medical Association, intend to die game. Despite allegations to the contrary from within their lines, we have all along contended that we were dealing, not with men of straw, but with wily, dangerous, and perfectly unscrupulous antagonists, now rendered desperate by the certainty of losing the power they have abused these many years. There is a delight in facing such adversaries, and forcing them back, successfully dislodged, from post to post, akin to beating a jungle for tigers.* Once get

* We prefer, as above, to look at our dealings with the Councillors in a light the most favorable to them, though aware that our friend, the editor of the St. Louis Medical and Surgical Journal, has compared our exposure of them to an attempt to cleanse a worse than Augean Stable. (Loc. citat., March 10, 1871, p. 169.)

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them into the open ground, and they try to scamper away like so many hares.

It will be recollected that the Councillors, at their Stated Meeting last October, voted: —

"That the action of the American Medical Association, in effect imposing conditions upon the right of this Society (the Massachusetts Medical) to future representation in that body, was ill-considered and unwarranted; and that it is expedient that this Society, before again sending delegates to the American Medical Association, should make a formal representation to the last-named body, with a view of procuring a reconsideration of its action in the premises."

This lament, it is now said, was discussed at the February (1871) Councillors' meeting, and final instructions given to the committee appointed to bear it to San Francisco.

We stated, in our December number, that such an embassy, upon such an errand, should be composed of brave men.* We repeat the remark, and would ask, by whom — since the Councillors have voted that no delegates should be sent the present year by the Society — do they expect their protest to be presented to the Association? If they will entrust it to us — provided they employ sufficient pomp and ceremony in so doing — we will promise to use our best endeavors to have it received and referred where it must go, if received at all, — to the Committee upon Ethics, the code of which the Councillors have again, since the last meeting of the Association, distinctly violated.

That a set of men could have been found who, entrusted with the management of a State Society, should be willing to jeopardize its recognition by the representatives of the American profession, through a dogged

* Loc. citat., p. 399.

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persistence in the evil ways for which they have been reprimanded, would have seemed incredible. They are doing this, moreover, in defiance of the Society itself. Asked, in 1869, by the Society, to amend a by-law, they refused to even consider the matter; ordered to do so by the Society, under advice of the American Medical Association, in 1870, they yielded, but arrogantly, as though the suggestion had been their own. Directed by the Society, in 1870, also in response to a vote of the American Medical Association, to strike from the list of Fellows all irregular practitioners, they not only have failed to do this, but have proceeded to print, as an official register of the Society, a list containing all the obnoxious names. They have not only denounced by vote the discipline to which they have been subjected by the American Medical Association, but they have had the brazen effrontery to threaten to send a protest against being held to account at all!

The Councillors have had a terrible lesson taught them at home, by their constituents, within the past month; it is but the prelude, we fear, to a worse experience that is to befall them at San Francisco.

They have directed — would-be despots that they are — that no delegates shall be sent from the State Society of Massachusetts to the American Medical Association the present year. In direct rebellion against this command, for matters have reached this pass, at least two of the District Medical Societies of the State (the Middlesex East and the Essex South) have proceeded to the election of delegates, and thus have declared that the authority of the Association in Massachusetts must and shall be upheld. By the time these pages are sent from the press, still other districts will most likely have joined the movement, which is to end in the abolition of the Board of Councillors. Of what

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use to the little, republican State of Massachusetts is this cumbrous, effete, arrogant, insufferable House of Lords?

THE COUNCILLORS' PROTEST, should it reach California, may be preserved in the archives of the Association as an interesting relic of professional barbarism. Probably a motion to thus dispose of it would be ruled in order.

It is by no means so clear to us, however, as to what would be done, for the first day or two of the session, with the delegates from the District Societies, whose election has so enraged the Councillors. By the vote of the last meeting of the Association, the Massachusetts Medical Society and its component districts cannot be again admitted to representation till they have shown that certain advice and directions of the Association, namely, to take from Harvard College its exclusive right to an unchallenged admission of its graduates to Fellowship, and to dissever from the Society all irregular practitioners, have been complied with. The credentials of the delegates cannot therefore be received by the Committee of Arrangements, according to the laws of the Association, until the question of the Society's having set itself right with the Code has been decided upon by the Committee of Ethics, to whom all such questions have to be referred. This Committee could not, of course, render a favorable report until the delegates had signed a statement to the above effect.

Can the delegates truthfully sign such a statement? We say that they can; but the Councillors deny this, on the ground that their own concurrence is necessary to the expulsion of the irregulars, an act which — birds

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of a feather flocking together — they have sedulously withheld. It will have been perceived, however, that to expel the irregulars, being in accordance with a chartered right of the Society, involved no alteration of a by-law; and it was, therefore, an act perfectly legitimate for the Society itself to perform. By doing so, it snapped its fingers in the face of the Councillors, at last asserting the rights it had almost forgotten, or had well-nigh lost.

But granting that the delegates do sign the necessary acknowledgment. Then they will have renewedly shown to the Councillors that the Fellows of the Massachusetts Medical Society can just attend to their own business as well, or a little better, than certain misbehaving servants whom they propose now to discharge. It is in anticipation of this very downfall, that these gentlemen tell about the streets that no men of any standing in the Boston profession, can be found to go to the meeting at San Francisco; and they thus try to lessen the influence of those who shall attend. Flings like these at the delegates, and at the Association, come, we are told, with especial ill-grace from the distinguished public advertiser in the "Atlantic Monthly," who once visited California as the medical attendant upon the eyes of a nine-days' wonder excursion train. Neither the delegates, nor the Association, are to be caught with any such chaff.

How, it may be asked by parties interested, can the State Society abolish its Councillors, if they show fight, and refuse to be discharged? In the easiest way in the world. After the Society has voted the abolishment, it has but to memorialize the Legisla-

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ture, and that body, in view of a certain bit of history that we exposed a little while ago,* will hasten to confirm the action.

But, supposing any difficulty should arise, what then? We reply, that there are many gentlemen in the Society who are prepared for disbandment if necessary, and then re-organization into another State Society, which shall recognize and obey the National Code of Ethics. There are no practical difficulties in the way worth the noticing. The little property owned by the Massachusetts Medical Society had far better be relinquished to the irregulars and their friends, than be held as the price of degradation and dishonor. The library of the Society is but a bagatelle; better start afresh in the world, with half-a-dozen modern text-books and a clean conscience, than stagger under the sins of a century, however flanked by the tomes of professional great-grandfathers.

Is disbandment possible? We have already presented part of a very pertinent lesson as to this, from Pennsylvania.† We give now its remainder, as contained in the following document:—

"READING, PA., March 11, 1871.

"PROF. H. R. STORER:—

"MY DEAR SIR:—On the 28th of November last, I wrote you that the 'Berks County Medical Society' had been disbanded, in consequence of certain acts of which you had been informed; and I now have the pleasure of enclosing for publication in your 'Journal' the report of the committee appointed by the *new* Society to meet the Censors of the Medical Society of the State of Pennsylvania, to lay before them the causes of our dissolution of the old Society, and to ask them officially to approve of our constitution and by-laws, — such

* See this Journal, December, 1870, p. 395.
† See this Journal, February, 1871, p. 117.

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approval being a recognition of our right, under the circumstances, to disband. The contest was a hard one, but, as you will see by the report I enclose, we were successful. The controversy is now out of our hands, and lies between the Censors and the State Society; but we now have no fears of the result when it is presented to the latter body.

"Yours very truly,

"JOHN B. BROOKE, M. D.,

"*Corresponding Secretary Med. Society of the County of Berks.*"

"'The Committee appointed at the last stated meeting of the "Medical Society of the County of Berks" (held Jan. 3d, 1871), to protect its interests, and to secure the approval of its Constitution and By-laws by the Board of Censors of the State Medical Society, beg leave respectfully to report: —

"'That, agreeably to a notice duly received, they appeared before the Censors at a special meeting of that body, held in Philadelphia, on the first day of February last, and presented the claims of the "Medical Society of the County of Berks" to recognition by the Medical Society of the State of Pennsylvania, as the only proper representative of the profession in this county. The opponents of our organization were also present, and were ably represented in the persons of Doctors Martin Luther, Frank Reiser, M. Albert Rhoads, and J. S. Herbine.

"'After a fair and impartial hearing of both parties by the Censors, we have the gratification to announce that our Constitution and By-Laws have been returned with the *unanimous* approval of the Board.

"'Whether we consider the high character of the gentlemen composing this Board, the discreditable action necessitating the disbanding of the old Society, or the

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professional interests involved in the proper solution of this question, it is but just to say that no other result could have been reasonably anticipated; and we rejoice now, not because of any local or personal triumph we may have gained, but in the fact that the honor and dignity of the Profession have been maintained in the issue of this cause, whilst it has been clearly shown that a determination to do right, regardless of consequences, is sure, in the end, to be properly rewarded.

(Signed) "'S. L. KURTZ,
"'D. A. ULRICH,
"'JOHN B. BROOKE,
"'EDWARD WALLACE,
"'*Committee.*'"

"At a stated meeting of the 'Medical Society of the County of Berks,' held in Reading, Pa., on the 17th inst., the above report was accepted, ordered to be published in the 'Gynæcological Journal,' of Boston, and the 'Medical and Surgical Reporter,' of Philadelphia, and the committee discharged.

"JOHN B. BROOKE, M. D.,
"*Corresponding Secretary Med. Society of the County of Berks.*"

To apply the above lesson to the case of the Massachusetts Medical Society, — when its members shall disband, and form a new organization under a very similar name, taking as their motto, "We acknowledge and obey the National Code of Ethics," they will have not the slightest difficulty in obtaining recognition from the American Medical Association, — which cannot the present year admit the Massachusetts delegates, unless they shall deny, for the second time, the authority of the Councillors. They will have done it once, here at home; they must do it again, in California.

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THUS FAR we had written, when there came to us, as there has so often done, incontrovertible proof that, so far from magnifying, we were understating, the reality.

The Essex South District Society of Massachusetts, as we have said, had just now voted, by electing delegates to San Francisco, to acknowledge and uphold the authority of the American Medical Association. Among the delegates chosen was Dr. J. G. Pinkham, of Lynn, a corresponding member of the Gynæcological Society, and an old colleague of ours at the Berkshire Medical College, where he held the position of Professor of Chemistry.

No sooner was the fact noised abroad, that members of the general Society, acting under the authority of their district jurisdiction, had dared to stand by the Code of Ethics, and to disobey the tyrannous edict of the Councillors, — that preliminary crack of the Massachusetts Slave-drivers' whip, — than the lash itself was given. It fell upon the officers of the Essex South Society. In consequence, Dr. Pinkham received the following letter: —

"DR. J. G. PINKHAM: —

"DEAR SIR: — Enclosed please find the Act of the Councillors in relation to delegates to the American Medical Association.

"Dr. Peirson (the President of the District Society) thinks we have no right to act in opposition to this action of the Councillors. You will therefore please consider your appointment as delegate cancelled.

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"Hoping that this will meet entirely with your views, I am,

"Yours sincerely,

"O. B. SHREVE,

"*Sec'y. Essex South District Medical Society.*

"SALEM, MARCH 16, 1871."

The following is the enclosure to which Dr. Shreve alludes: —

"MASSACHUSETTS MEDICAL SOCIETY.

"At the Stated Meeting of the COUNCILLORS, held October 5th, 1870, it was

"'*Voted:* That no Delegates from the Society be sent to the next Annual Meeting of the American Medical Association.'

"A true copy.

"Attest: CHAS. W. SWAN,

"*Recording Secretary.*

"Extract from the Acts of the Commonwealth relating to the Massachusetts Medical Society: —

"'These subordinate [district] societies shall be subject to the *regulations of the general Society* in all matters wherein the general Society shall be concerned.'

"(*Acts and By-Laws*, 1860. — *Sec. XIII.*)"

Dr. Pinkham's reply we have not yet received. From what we know of the man, however, we believe that the Councillors have for once met with more than their match, — if to be the soul of honor, true as steel, and inflexible as Heaven itself, can be spoken of in the same breath with their consummate knavery.

It will be noted, in the above documents,

1. That the Councillors speak of themselves as the same as "the general Society," their master, — a point

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that we have all along called attention to, but the arrogance and usurpation contained in which, many have found it difficult to believe; and,

2. That the Councillors claim that their impudent vote, passed in direct opposition to the well-known feeling of the mass of the Society, is to be considered a "regulation," or, in other words, a by-law of the general Society! Did ever one hear of more unbearable conceit?

That Drs. Peirson and Shreve, two officers of the District Society, should have allowed themselves to be dictated to like innocents of the first water, is surprising enough; but that, having discharged their duty to their constituents by issuing credentials to the delegates duly elected by them, they should suppose that they possessed the power to recall these credentials, or should *dare* to attempt to do so, augurs a servility upon this point, or a belief in the universal demoralization of the State Society, which surpasses all conception.

With more unction than the preachers of Thanksgiving Sermons, we may well say, at the pass things have now come to,

"God save the Commonwealth of Massachusetts!"

AS STRAWS CAUGHT FROM THE RICK show the way of the wind, so do the Introductory Addresses of collegiate weather-clerks indicate that of professional opinion. To make headway against an adverse gale may require the shrewdest manœuvres, short tacks and frequent. There's more than one sort of "trick at the helm."

Some little time ago we compared the Medical School of this city and its new policy, as foreshadowed in the

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Address by Prof. White, to a vessel getting afloat again after lying high and dry upon the shore.* The comparison is still an apt one. Witness that pocket-handkerchief, "R. Van W.," neatly stamped on the corner, just raised for a sail by its most ancient mariner but one. So far as it goes, it will do nicely, and requires withal no giant to handle it. But then, this one is more at home with skulls than with sheets.

Invited to the Bellevue Commencement, to tell the students there how fortunate for them it was that Dr. Lusk could not be kept at Harvard, Prof. Oliver Holmes took occasion to address to the young gentlemen that strongest of all arguments, a personal confession. He was describing the sources of professional success. "I warn you," he said, "against ambitious aspirations outside your profession. Were you in the spasm of an ode, would you be likely to be called to a teething infant, or to an ancient person afflicted with lumbago? The community very soon find out whether you are in earnest, or a mere diploma-dilettante."†

Sad, though so true, are such words from such a source. Had we first used them of their author, how unkind it would have seemed of us!

And so of the school itself. Prof. White's acknowledgment that while writing odes and trashy nonsense, — for what else than this has been its selfish provincialism, its deification of the local professional celebrities of Boston, and its worship of their glittering soap-bubbles that burst into thin air before they have floated outside our streets, — the college is far behind what it should have become, and, indeed, what the profession had a right to expect of it, has a painful sound. It is an admission, like that of his colleague, that means one of two things,

* This Journal, Jan., 1871, page 42.

† Philadelphia Medical and Surgical Reporter, March 18, 1871, p. 236.

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— "We must improve against our will, because you insist upon it;" or, "We see that you intend to demand it of us. Be good enough, therefore, to forbear a little, and we will pretend to initiate the advance ourselves."

We are willing to waive this point, since their advance has been begun. As we had intended, the spark has become a flame, and it has spread beyond the power of the Faculty to quench it, even should they desire to do so. At the last meeting of the Overseers of Harvard University, held on March 8, 1871, President Eliot presented a vote of the Corporation repealing the following clause in the statutes for the Medical School: "To secure the recommendation to a degree, the candidates must pass a satisfactory examination in at least five of the nine departments, and have presented a satisfactory dissertation."

Now what does this action of the Corporation of the University really mean?

To lower the standard for graduation, as some have been short-sighted enough to infer? We predict, on the contrary, that it is the first step towards that thorough overhauling of the Medical School, the necessity of which we have taken occasion in these pages to suggest to the Head of the University. He has brought order out of nearly as complete chaos in the other departments. He has skill enough, and we believe will enough too, in his desire to make his rule a consistent one, to bring the little Boston Monarchy to a realizing sense that their notion of independence is one thing, and the fact thereof quite another.

As PLAUDITS ATTEND A VICTOR, so in advance we are receiving congratulations from every side for the

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exposures we have made of the trickery which has so long ruled the profession in Boston, — a task, however, which we have but just begun. Extracts from one or two of these letters we have published. Here is another, from Washington, — its author one of the conservative leaders of the National Association: —

"The censure of the Massachusetts Medical Society on you and Dr. Sullivan has not hurt either of you in the estimation of any person that I have ever heard speak on the subject. But on the contrary it is believed that your positions before the American Medical Association, and indeed the State, have been sustained. The vote of censure was, as I understand it, a sort of after-thought and a side issue. They have corrected the evil you complained of, — that should be glory enough for you. They may yet be just and rescind the offensive resolution."

And here is still another, from farther south: —

"We have just received the Feb. No. of the Gynæcological Journal and desire to express our gratification. We trust we are actuated by no other motive than that of the good of the entire profession; but when any of its members are assailed simply because of their devotion and adhesion to the laws and principles of the profession, such an one should receive the support of all, from Maine to California. This principle must be established, or the profession will take no interest in our organization. It is our duty to hold up the hands of our brethren in Boston, as of any other part of the country. When individuals abroad refuse to sustain those who are waging a good professional fight at home, because of remoteness or from any other cause, the profession is damaged, and our Association becomes not only useless but undesirable. No individual can isolate himself or play the part of a neutral, when vital prin-

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ciples are at stake, simply because his private interests are not involved. In other words, he is aiding to sacrifice his professional principles, or ignore them, when others at a distance are suffering mental and physical torture to maintain them. This is the essence of selfishness and baseness. We feel that every member of the profession should be taught to view this principle in this light, if anything good is ever to be accomplished.

"Those who belong to the State and the National Organizations should not be permitted to enjoy the privileges which these organizations confer upon them when, at home, they recognize and affiliate with quacks, irregulars, and expelled members from these organizations. If such men can enjoy such privileges, why the necessity of disbanding a society, as in the case of the Berks County Society, published in your last number? If the "notorious abortionist" is to be consulted with by men who can be represented in the Association, why disband one society in order to form another? Why, — if the abortionist loses nothing, but is taken by the hand, encouraged and supported by members of State and National Associations, at home? And if his *personal friends* are to lose nothing by recognizing the abortionist, but to be esteemed good and loyal members of the associations, why the necessity of having any law or association at all? These are the points and principles which are to be established before the profession can maintain its dignity, or expect to command the respect of its members or of the public.

"Now we know that you are not only qualified, but willing, to advocate these principles. We all feel the importance of doing so. The American Medical Association should, at its next meeting, forever set at rest this subject of affiliation. In order to aid this desirable result, we must lay down the law and show

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what must be done by each individual member, in order to maintain his connection with our societies and the Association. An individual who is not a member of any society, in order to membership in the National Association, should be a man of high character, and be vouched for by members present, that he has never been expelled from any local or State society. No one who is under sentence of expulsion or suspension from any State or local society of which he may have been a member, should be received until he has been properly restored. No college or institution should be represented which is not in good standing at home, or has been refused recognition by the State Association; and no society should be permitted representation who allows its members to affiliate with irregulars or members expelled either for moral or ethical violations. This will establish the course you have taken and that of the Berks County Society, and if adopted by the profession, it will bring harmony and order in our ranks. If we do not do this work, there will be trouble, in May, in California."

IT WAS LAST YEAR VOTED by the American Medical Association that all scientific papers "must be sent to the Secretary of the appropriate Section, at least one month before the meeting which is to act upon them." The following is a list of the Sections, as officered for the present year: —

Chemistry and Materia Medica. — Chairman, Dr. D. W. Yandell, of Louisville, Ky.; Secretary, Dr. H. S. Hurd, of Galesburg, Ill.

Practical Medicine and Obstetrics. — Chairman, Dr. Horatio R. Storer, of Boston, Mass.; Secretary, Dr. J. K. Bartlett, of Milwaukee, Wis.

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Surgery and Anatomy. — Chairman, Dr. J. L. Atlee, of Lancaster, Pa.; Secretary, Dr. Horace Carpenter, of Salem, Oregon.

Meteorology, Medical Topography, and Epidemics. — — Chairman, Dr. N. S. Davis, of Chicago, Ill.; Secretary, Dr. C. C. Hildreth, of Zanesville, Ohio.

Medical Jurisprudence, Physiology, and Hygiene. — Chairman, Dr. Theophilus Parvin, of Indianapolis, Ind.; Secretary, Dr. J. A. Murphy, of Cincinnati, Ohio.

Psychology. — Chairman, Dr. J. H. Griscom, of New York; Secretary, Dr. O. F. Remick, of Wellington, Mo.

Should there be any communications for the Section of Practical Medicine and Obstetrics that for good reason have been delayed, they may be sent after the first of April to the Chairman, at San Francisco,* and under the circumstances of the rule's being a new one, he will endeavor to have them received by the Association.

EDITORS, PUBLISHERS, AND PRINTERS are all in one boat. They work for a common end, and so should be kindly spoken of by each other. Even were not this the case, we should feel inclined to call the attention of our subscribers who may have occasional printing to do, — as who has not, — or aspiring sons to instruct, and we hope that but few lack these also, — to the convenient little press, the patent of which is held by Mr. B. O. Woods, of this city. We have one of them in our own home, and can cordially endorse all that has been said of it; even Mr. James T. Fields' remark in the "Atlantic Advertiser and Miscellany," that while the pen is mightier than the sword, the "Novelty press" is mightier than the mitrailleuse.†

* They should be directed in care of Dr. Henry Gibbons, Editor of the Pacific Medical and Surgical Journal.

† Loc. citat., February, 1871, p. 4.

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THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. V.] MAY, 1871. [No. 5.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

FORTY-FOURTH REGULAR MEETING, OCTOBER 18, 1870.

THE forty-fourth regular meeting of the Society was held on the evening of Oct. 18, 1870, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Warner, Martin, Warren, Bixby, Sullivan, Weston, Wheeler, and H. R. Storer.

The records of the last meeting were read and accepted.

The Secretary read a letter from Dr. Luigi Malagodi, of Fano, Italy, in acknowledgment of his election as Corresponding Member, and announced the following donations to the Library: from Professor Martin, of Berlin, his work upon Versions and Flexions of the Uterus; a paper upon Physical Degeneracy, by Dr. Nathan Allen, of Lowell, and an address upon Medical Progress, by Dr. A. N. Bell, of Brooklyn, N. Y.; both of them from their authors.

Dr. Storer announced the decease of an Honorary Member of the Society, Professor Gunning S. Bedford,

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of New York, and referred to the great services he had rendered to gynæcology.

Dr. S. also read extracts from a letter by Professor Fordyce Barker, relative to the late dangerous illness of Professor Geo. T. Elliot, of New York, a Corresponding Member.

Dr. Sullivan exhibited a specimen from a late case of

OVARIOTOMY, THE TUMOR WEIGHING 108 1-2 LBS.,

and reported the case; as also another of the same operation, both of them having been performed by Dr. Storer since the last meeting.

In the first of these cases, Dr. Storer had been called to see the patient in consultation, by Dr. Edwards, of Hyde Park. She had previously been under the care of a homœopath, who had allowed the disease to progress until the tumor had obtained such enormous dimensions, under the promise of a spontaneous cure. The sac was found firmly united to the peritoneum throughout nearly its entire extent, the inflammatory effusion having been in consequence, undoubtedly, of the prolonged and excessive pressure of the cyst against the abdominal wall. The operation was performed that morning. It was, therefore, too soon to predict the result. So far, however, the lady was doing well. (The patient died upon the second or third day, from exhaustion from excessive vomiting.)

The second case was at Wakefield, the patient having been placed in Dr. Storer's hands by Dr. Jordan, of that place. Previous to the operation, her appearance was anything but favorable; there was then decided cachexia, but she was nevertheless steadily convalescing. (This patient recovered without any drawback.)

Dr. Storer remarked that in these two cases he had

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resorted to the procedure suggested by Dr. Curtis, of Tennessee, at the last meeting of the Society, and had left a portion of the wound open to the external atmosphere, although this was in direct opposition to the teachings of all ovariotomists. In the second case reported, he had done so from choice; there had not been a bad symptom since the operation, and the patient was rapidly convalescing. In the other case, the prognosis was unfavorable from the moment that the exploratory incision was made. There were found present very extensive and firm adhesions, not merely to the omentum and peritoneum, but to the liver, and these could only be separated by force. Hemorrhage from these sources was excessive, though none was permitted to take place from the pedicle, as this was perfectly controlled by his clamp-shield. The pedicle was, however, so short that it could not receive an external clamp without the uterus wedging open the lower extremity of the womb. Under all the circumstances, he had thought better to permit this, as not adding materially to the condition of shock, from which, in this case, he believed there was most to be feared. Dr. Curtis' suggestion was certainly one of the most important that had been made with reference to the whole subject of abdominal section.

He would, in this connection, say a word concerning what was rapidly becoming

A QUESTION OF MALPRACTICE.

There were as grave faults of omission as of commission. He referred to the fact that there were still physicians, of a good deal of influence, who denied that ovariotomy should ever be performed. He frequently saw very promising cases, where physicians, previously in attendance, had prophesied "instant death" should an operation be made. He more than once had had such

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condemned patients submit themselves to his hands, and recover. It had become time for the profession to understand the truth in this matter. With an average recovery nowadays of probably three out of every four cases of ovariotomy outside of hospitals, taking cases as they run, without selection, it would be just as well for hospital surgeons and general practitioners to condemn amputations and other severe operations, whose necessity none but the most ignorant could question. Gentlemen would remember that it was in this city that Mr. Spencer Wells received what he considered the grossest insult of his life, being told to his face, at a Society meeting (the "Medical Improvement"), in the presence of many members of the profession, by a prominent hospital surgeon, who had happened to have lost all his own ovarian cases, that to perform ovariotomy or not was a mere matter of taste; and this in the face of many repeated series of eight cases out of ten, saved by the operation, when, otherwise, all would have died.

Dr. Martin remarked that none but the veriest sycophants would have sat quietly by, as was done at the Society meeting referred to, and permitted so grave an affront to their distinguished guest.

Dr. Warner exhibited a malignant mammary tumor, that had rapidly grown from a nævus, and which he had lately removed. Hemorrhage had been profuse, and checked by the actual cautery.

The Secretary presented from Dr. J. B. Amiss, of Shenandoah Iron Works, Va., the report of a case of

RETENTION OF A SPONGE TENT FOR THIRTY-FIVE DAYS WITHIN THE UTERINE CAVITY.

It is as follows: "In the Journal of the Gynæcological Society, for July last, I notice a case of 'fatal cel-

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lulitis from the careless use of sponge tents,' reported by Dr. Storer. It induces me to furnish you a case in point, from my own experience.

"Mrs. D., aet. forty; weight usually one hundred and sixty pounds, height five feet seven inches; the mother of seven children. She was in the enjoyment of vigorous health until the spring of 1869, when a hemorrhagic profuseness of her catamenia alarmed her. The discharge of blood continued, without material abatement, from May until Sept., 1869. Complexion exsanguineous; greatly emaciated; in fine, her physique ensemble presents a graphic picture of anemia, the result of a constant and prolonged loss of blood. Of course, the routine styptic treatment was tried.

"Upon the 23d Aug., 1869, I introduced a sponge tent made by myself, 'a la Sims,' — such as I had often used before for dilating the cervix, etc., — for the twofold purpose of ameliorating the fibrous engorgement of the cervix, and examining the interior of both cervix and uterus. Next day I intended to remove the tent, but, upon examination with Sims' speculum, I could not find it. Rather than alarm my patient, I desisted, after a prolonged search, and told her I would remove the tent next day. Upon the second attempt, the second day, the result was the same; no sponge tent could be found. Again, the third day, a third examination resulted in a similar disappointment, and as she suffered no pain and the hemorrhage had ceased, I concluded to leave the sponge tent to work out its own delivery. I visited the patient daily, and after leaving her the morning of the thirty-fifth day after the introduction of the tent, a recurrence of hemorrhage so alarmed her that she despatched her husband for me. I arrived in half an hour after the commencement of the bleeding, immediately examined her, and, to my great joy and relief,

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delivered the identical sponge tent, accompanied with a broken-down fibrous growth, the size of a man's fist. The hemorrhage ceased in a few days; her health rapidly improved, and, on July 27th, 1870, I delivered her of a fine living ten-pound baby."

Dr. Martin inquired if the fibrous mass described by Dr. Amiss, as following the withdrawal of the tent, was not probably merely a handful of retained coagula.

Dr. Storer had more than once known the slender sponge tent of Sims, unprovided as it was with a ribbon or cord for withdrawal, to cause a good deal of difficulty to the attendant. He had pointed out the reasons of this at a former meeting of the Society, when speaking of the comparative advantages and disadvantages of sponge and sea-tangle. Dr. S. demonstrated the several points alluded to upon the black-board.

Dr. Martin was glad to see the demerits of any gynæcological implement so candidly discussed. For his part, he thought that there existed altogether too much tendency in every branch of surgery to invent new and complicated instruments for simple purposes. This remark applied with as much force to stethoscopes, for instance, as to speculums. He had no doubt that by this time there had been invented as many as two hundred different forms of stethoscope, forty or fifty different tonsillotomes, twenty or more scissors for the uvula, etc. These would be granted to be more than sufficient for ordinary purposes.

Dr. Wheeler said that the variety was certainly so great as to discourage men of ordinary means.

Dr. Martin added that it did not discourage men of ordinary sense. His remarks were as true of midwifery, as of any other department. He recollected one very amusing instance. It was a case to which, many years ago, he had called Professor Walter Chan-

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ning in consultation. This gentleman brought with him a bag containing at least one hundred pounds' weight of old iron, consisting of forceps of almost every conceivable pattern, while a single ordinary pair, such as did not happen to be in the bag, would have been better than them all.

The Secretary read a letter from Dr. John C. Hupp, of Wheeling, W. Va., Corresponding Member, detailing two cases of

RUPTURE OF THE UTERUS

that had been seen by him, in consultation. In one of them, "the fœtus at full term escaped into the cavity of the abdomen, and was delivered six hours after labor commenced, and five days and twelve hours after the rupture took place, and the patient recovered."

Dr. Storer remarked upon the extraordinary character of the latter case, and its interest in connection with the one reported to the Society some months since, by Dr. Perry, of Providence, R. I.*

Dr. Storer reported to the Society the sequel to a case brought to the notice of the Society several months since,† as an instance of

RENAL TUMOR.

The patient had been sent to him from the West for exploratory section. The symptoms were those of a tumor of the kidney, which the section proved to exist. An exploring needle was then passed in the renal region, followed by a good-sized trocar, with the effect of discharging a quantity of very tenacious pus, assuming the form of the so-called Pharaoh's serpents, as demonstrated to the Society by a specimen.‡ Under

* See this Journal, September, 1869, p. 140.

† See this Journal, December, 1870, p. 347.

‡ See this Journal, January, 1871, p. 9.

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the microscope, it proved to have undergone fatty degeneration. A seton was inserted, and the lady returned home. She subsequently died, and the following notes of the autopsy, showing the accuracy of the diagnosis that was made, have been forwarded. "On opening the abdomen, extensive adhesions were found between the intestines and its walls; the result of severe peritoneal inflammation. Hardly a trace of omentum existed. The tumor presenting, was an enormous scirrhous kidney, strongly agglutinated by adhesive inflammation to every part of the viscera, that its surface was in contact with. Some ten inches of the descending colon were tied down to it by strong adhesions, and the calibre of the colon was greatly diminished. The seton did not pass through any portion of the tumor, but through the loose connective tissue at its upper part, where pus had formed. In the kidney were two distinct abscesses, containing together about ten ounces of a very light-colored pus, serum, and large flakes of lymph. It had long ceased to be an eliminating organ. The ureter was also for several inches impervious. The uterus and ovaries were healthy; the coats of the bladder much thickened and contracted. The pyloric orifice of the stomach was scirrhous and its outlet much diminished. No effusion of pus or serum into the abdominal cavity. Weight of kidney, after evacuating the pus, eighteen and a half ounces."

The Secretary read the report of a case from Dr. Samuel B. Hunter, of Strong, Me., Corresponding Member, of

RETROVERSION OF THE GRAVID UTERUS.

The patient was between three and four months advanced. Dr. H. attempted to replace by pushing up

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the fundus, but failed. He then called in Dr. P., of Farmington, who also failed. The condition of the patient was such that he was compelled to do something at once, and decided to seize the neck with tumor-forceps and force the fundus above the sacrum; but before doing so, he bent a sound in a short curve, and succeeded in introducing it into the os. By drawing it well down, and pushing up the fundus at the same time, he was able to replace the uterus. The patient recovered, but aborted, as might have been expected.

Dr. Hunter inquired if he had pursued the proper course under the circumstances. He was not called to make the investigation till retention of urine had taken place. The patient was feeble, and at her best weighed only ninety pounds.

Dr. Warner thought he might say it was not the best practice to introduce the sound into the pregnant uterus, until every other possible method of restoration had been resorted to.

Dr. Wheeler inquired if it were ever possible, under the circumstances stated by Dr. Hunter, to replace a retroverted uterus without abortion occurring.

Dr. Warner replied that such was certainly possible. In many cases, great assistance was gained by the introduction of a couple of fingers into the rectum.

Dr. Martin corroborated Dr. Warner's statement. The famous case of Sims would be recollected, where he first employed his retractor; then the bent handle of an iron spoon. The pressure of the great volume of air that was thus allowed to enter, accomplished what extreme manual effort had failed to effect.

Dr. Wheeler desired to ascertain the opinion of members of the Society as to

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THE BEST PERIOD OF OPERATING FOR LACERATION OF THE PERINEUM.

He had recently seen an extract of a few lines from a paper contributed to the "Glasgow Medical Journal" for November, 1869, by Dr. John Brinton, Surgeon to the "Royal Maternity Charity," London,* in which he advocates operating immediately after delivery. He narrates three cases so treated, and remarks: —

"1. That the result of the recent operation is very satisfactory.

"2. That the operation is very easy, and,

"3. That it is comparatively free from danger, and is nearly painless, requiring no chloroform; because the parts which have been torn are in an anæsthetic state, being benumbed by the pressure they have recently undergone."

What, Dr. Wheeler would ask, was the usual practice in Boston?

Dr. Martin replied that it was usual to wait till a subsequent period. He had never, however, been satisfied with the reasons ordinarily given for this delay. To say, for instance, that the lochia would produce irritation at the line of suture, was but a trivial excuse. Dr. M. related several cases where he had operated immediately. In one he had delayed for twenty-four hours, and yet obtained a perfect success, the new perineum sufficing for its work in several successive confinements.

Dr. Wheeler had first operated fifteen years ago. It had been, and was still, his habit to operate immediately after the occurrence of the accident. He thought that many of his neighbors did the same.

Dr. Storer believed that the frequency of perineal laceration, even to the sphincter ani, was greatly under-

* American Journal of the Medical Sciences, Jan., 1870.

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estimated. He seldom now saw it save in chronic cases, as he had long since relinquished even consultations in midwifery. He was satisfied, however, that the lesion occurred, at the least, ten times where it was detected once,—accoucheurs failing to examine the parts after delivery had been completed. Years afterwards, the patient might seek relief for prolapsus uteri, rectocele, etc., and the state of things then first become known. He frequently had to operate under such circumstances, and the result towards effecting a restoration of the patient to health was at times very marked.

Dr. Martin believed that the accident was often owing to the careless use of forceps. This was perhaps especially likely to occur in country practice, where consultations were often so much more difficult to obtain in cases of emergency. It was often owing, moreover, to carelessness during extraction of the fœtal shoulders. He had no doubt of the correctness of Dr. Storer's statement as to the lesion not being usually detected at the time of its occurrence. He had noticed that at a late meeting of the Obstetrical Society of this city, a gentleman who had practised some three or four years, and had had "many cases," spoke as though they had occasioned him no subsequent difficulty. As far as that was concerned, many practitioners of real experience seem inclined not to attach any importance to the lesion. They were all of them very wrong.

Dr. Weston had frequently heard similar remarks from veteran accoucheurs. He agreed with Dr. Martin, that it simply showed their ignorance of the after effects of perineal laceration, unremedied, upon a patient's health.

Dr. Martin believed that the usual method of sup-

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porting the perineum, previous to and during the passage of the fœtal head, directly predisposed to rupture.

Dr. Wheeler remarked that the reason why many physicians never found laceration of the perineum to occur in their own practice was that they never looked for it.

The Secretary read, as interesting in the present connection, the report of a case of operation for perineal laceration, from Dr. A. Ives Beach, Jr., of Council Grove, Kansas.

[Dr. Beach's communication was published in the Journal of the Society for April, 1871.]

Dr. Martin asked whether or no it was the best practice for the catheter to be fixed in the bladder during convalescence after the operation. He himself never thus left it, but encouraged his patients to pass their water without aid at the earliest possible moment.

Dr. Wheeler stated that Dr. Beach's suggestion to place the patient in a prone position while micturating was a new one to him.

Dr. Warner alluded to the fact, as an important one therapeutically, that women who for any reason cannot pass water in the usual position, at times succeed when standing.

Dr. Storer had seen an illustrative case of the kind referred to at Leith, near Edinburgh. The lady was a patient of Sir James Y. Simpson, and suffering from pelvic cellulitis. The discovery of the possibility described, prevented the necessity of a frequent drive of several miles for the purpose of passing the catheter.

Dr. Sullivan raised the question of

THE BEST METHOD OF PRESERVING WET PATHOLOGICAL SPECIMENS.

He had lately been employing solutions of carbolic acid, sometimes in conjunction with glycerine, as sug-

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gested by Dr. Dwight of this city.* The Society's collection was rapidly becoming very valuable.

Dr. Weston had found glycerine alone of service.

Dr. Bixby thought that its price, eighty cents per pound, would prevent its use to any extent.

Dr. Martin stated that the cheaper qualities, such as that employed for gas meters, would answer as well for the purpose indicated. There was, however, a very serious objection to its use; namely, that it was to a certain extent a solvent of animal tissues. He had thus more than once lost valuable specimens.

Dr. Warner had employed carbolic acid by itself.

Dr. Martin believed this to be particularly useful for specimens originally very fetid, as of the intestines, cancer, etc. He agreed with Dr. Sullivan as to the value of the collection already made by the Society, and had been amused at the fact, of which there had already been more than one instance, that specimens which, under ordinary circumstances, or if obtained by physicians not members of the Gynæcological Society, would have excited the utmost enthusiasm on the part of the curator of the only two general pathological museums in this city, seemed now to be looked upon by him with the utmost fear and trepidation, as if they had been infected by the Society with some peculiarly contagious disease.

Dr. Sullivan moved that a special assessment be laid upon each immediate member for defraying the expenses incident to the care of the Society's pathological collection. The motion was seconded by Dr. Warner, and unanimously carried.

Adjourned.

*On the Preservation of Anatomical Specimens. Publications of the Massachusetts Medical Society, Vol. III., No. II., 1870.

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FORTY-FIFTH REGULAR MEETING, NOV. 1, 1870.

The forty-fifth regular meeting of the Society was held on the evening of 1st November, 1870, at Hotel Pelham. In the absence of the President, Dr. Martin was called to the chair. Present, Drs. Martin, Sullivan, Warner, Dutton, Blake, Wheeler, Bixby, Weston, and H. R. Storer; and, by invitation, Drs. Joel Seaverns, of Boston Highlands, H. O. Marcy, of Cambridgeport, and Albert L. Norris, of East Cambridge.

The records of the last meeting were read and accepted.

The Secretary read letters, in acknowledgment of their election to the Society, from Dr. John McNab, of Woodsville, N. H., Honorary Member, and Drs. Friedrich Weber, of St. Petersburg, Russia, Ely Van De Warker, of Syracuse, N. Y., and Romaine J. Curtiss, of Angola, N. Y., Corresponding Members. The following donations to the Library were announced: from Dr. Weber, of St. Petersburg, his monographs upon Puerperal Chorea, the Influence of Constitutional Syphilis upon Gestation, "Ludwig's Disease," Pseudo-Hermaphroditism, Habitual Abortion, Mania during the Cessation of Acute Diseases, Carcinoma Uteri, complicated with Ovarian Cysts and Interstitial Fibroids, Myoma Telangiectoides, and Abnormal Presentations; and from Dr. J. A. Byrne, of Dublin, his paper upon Puerperal Fever.

The Secretary communicated the decease of Dr. Foster Hooper, of Fall River, Mass., a Corresponding Member of the Society.

Dr. Martin exhibited specimens of various forms of

VENTILATING BANDAGES.

They were manufactured of thin perforated rubber, by Mr. J. Haskins, of this city, and might be made use-

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ful for many gynæcological purposes. Dr. Martin had used the jackets and vests now shown, for various thoracic diseases, and the swathes for neuralgia, varix, sciatica, œdema, rheumatism, etc. There were also drawers, chest-protectors, knee-caps, stockings, suspensories, etc. They did not produce a sensation of cold, as might, perhaps, have been expected, but preserved a perfectly equable temperature. The great point to which he would call attention was that very strong pressure might thus be applied to surfaces requiring it, without inducing any of the usual injurious effects.

Dr. Blake had been in the habit of employing rubber bandages, of the usual character, without perforations, for inflamed joints, etc. These, however, by preventing evaporation, "sweated" the part. The perforated material was certainly very elegantly prepared.

Dr. Storer remarked that suspensory bandages were not in reality so unfitted for the consideration of gynæcologists as might at first be supposed. As illustrative of this fact, he exhibited a photograph of an

ENORMOUS TUMOR OF THE LABIUM,

which he hoped soon to present to the Society, the patient having lately come to him from a distance, for operation. The tumor was solid, and apparently fibrous; it was very vascular, weighed several pounds, reached nearly to the knees, as represented on the opposite page, and was supported by a large suspensory bandage attached to the waist.

Dr. Martin had called attention to the ventilating bandages, more particularly with reference to their application in a case now under his care, it being one of

GREAT HYPERTROPHY OF BOTH MAMMÆ.

The condition was identical with that so well described by Velpeau, the breasts being perfectly sym-

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metrical, and so far, aside from their disproportionate magnitude, models of beauty. Each of them was as large as his head, and they occasioned the patient great

inconvenience from their weight. She was now six months pregnant. The mammary enlargement had been even and regular, dating from the removal of a uterine polypus, the size of a Bartlett pear, some three years since. He was having a double sling made of the perforated rubber, to be buckled over the back. Iodide of potassium had suggested itself as likely to be of advantage in producing absorption; but, upon trial, the desired effect had not been obtained. Pressure, therefore, seemed the only remaining measure, short of extirpation.

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Dr. Seaverns exhibited a specimen, illustrating

THE SIMULATION OF UTERINE POLYPUS BY A RETAINED PLACENTA.

His patient was an unmarried girl, seventeen years of age, who had barely left school. He first saw her early last month. Her menstrual periods were reported to have always been regular, and the flow without pain, but excessive. It was said that the catamenia had been present at the proper time the week before. She was then flowing slightly, but was about the house. That night the hemorrhage increased, and in the morning she was greatly exhausted, almost in the condition of collapse. Objecting to seeing a physician, she got simple domestic remedies. The flowing continued for two days longer, and then pain set in, not paroxysmal but constant. At this the mother became alarmed and sent for Dr. Seaverns, who found the vulva patulous and a small tumor projecting from within the os, which was tightly drawn over it. From the history of the case, as given by the patient and her mother, it seemed that this might be a descending uterine polypus.

The next day there was less hemorrhage and a better appetite. Still later, the tumor projected a little more and the flowing was still less, though present. Small doses of ergot and cannabis indica were now administered. Two days subsequently, the symptoms continuing, and there being present some fetor to the discharge, Dr. H. R. Storer was called in consultation by Dr. Seaverns, Dr. Warner being also present. The os uteri was now sufficiently patulous to permit the mass to be swept around by the finger, and it could thus have been removed. It was withdrawn by polypus forceps, by Dr. Storer, and was evidently placental in its character. The uterus itself was empty.

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There were present, continued Dr. Seaverns, several interesting features in this case.

1. The apparent concealment of labor pains, if they occurred, from the members of the family.

2. Menstruation was asserted to have regularly been present.

3. There was no areola around the nipple of either breast.

Dr. Blake inquired if there was any attachment to the mass, as by the pedicle of a polypus.

Dr. Seaverns replied that the attachment was but slight.

Dr. Martin thought it important that more decided rules should be established for the diagnosis between retained placentæ and uterine polypi. It was possible that the test afforded by gentle traction with forceps might suffice.

Dr. Warner considered that the history given by patients and their friends was not generally to be relied upon, especially when contradicted by more direct evidence.

Dr. Martin was satisfied that physicians, in matters of diagnosis, paid altogether too much deference to the fact of sex in asking their questions. This was often false delicacy, and conducive to erroneous conclusions.

Dr. Seaverns thought the statements of patients at times afforded very material aid in making the diagnosis.

Dr. Sullivan related a case in point.

Dr. Martin also reported an illustrative case. In that of Dr. Seaverns, the history was not particularly that of a polypus, but then the histories of polypi varied. He had now under his charge a young married woman whose menses had been absent for three months, and who had had all the symptoms of miscarriage.

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Being refused an examination, he had simply ordered ergot and left her. Profuse hemorrhage occurring, he was recalled. An examination now revealed a small polypus, the size of a grape, the removal of which effectually and permanently checked the hemorrhage. The history of this case had been that of an abortion, which, however, had not occurred. It showed how cautious it was necessary to be in forming an opinion.

Dr. Storer had been called but a day or two before to see a young lady in alarming collapse from hemorrhage. Her menses had been tolerably regular, but always profuse. This condition had produced great anæmia, which had been thought to be its cause by the homœopath who had had charge of the case, and without any further investigation he had pronounced the disease to be "purpura." Upon examination, Dr. Storer found the whole condition dependent upon a vaginal polypus, the size perhaps of a horse-chestnut.

Dr. Sullivan reported a case in which he had made an exploratory abdominal section, with the result of finding

GREAT HYPERTROPHY OF THE SPLEEN.

The history was as follows: —

Statement of Mrs. Carpenter's case, written by Dr. Joshua Chamberlin, of Frelighsburg, Province of Quebec, Sept. 20th, 1870.

"I was consulted by Mrs. Carpenter, in January last (1870). She gave me the following history. She is twenty-eight years of age, was married at fourteen years of age, had a miscarriage at sixteen years, living child born at seventeen years; two children subsequently, and up to the birth of her last child, on 15th of March, 1868, has enjoyed good health. The same day, after birth of last child, had alarming hemorrhage, which con-

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tinued for several days, producing great prostration. There was scarcely any milk, and the secretion entirely subsided, and she had a long and bad getting up, and has never enjoyed good health since that date.

"Catamenia commenced about six weeks after confinement, 15th March, 1868, and have been irregular, accompanied with leucorrhœa.

"In July, 1869, the catamenia having been previously interrupted for two months, she began to experience a degree of fulness over hypogastric region, especially over left side of the symphysis pubis and left iliac region, and supposed she was enceinte, and was not alarmed at her situation. This state of the catamenia continuing, the fulness over the above regions and enlargement kept gradually increasing until January last, when, upon being for the first time consulted, I found all the above symptoms increasing, and the fulness extending over the hypogastric, left hypochondriac, and abdominal regions, with apparent slight state of effusion. I found, upon examination per vaginam by the speculum, that there was subacute inflammation of the os uteri and excessive leucorrhœal discharge, and that there was a normal state of the uterus in all other respects. I treated the leucorrhœa with astringent and mucilaginous injections locally, and generally with ferri citr. c. strych., and have had no further return of the disease.

"The enlargement and fulness has constantly and regularly increased, and at the present time (Sept. 20th, 1870) there is a large tumor occupying the entire left iliac and hypogastric and left hypochondriac regions, and a portion apparently separated by a fissure or division on the left side of the linea alba, extending over a small portion of the opposite side. The tumor is of a much more flattened form than is usual in simple ovarian enlargement, extending from the left hypo-

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gastric and iliac regions, passing anteriorly under the crest of the ilium and symphysis pubis, then upwards on left side of the linea alba under the left false ribs, occupying the hypogastric and abdominal regions and left hypochondriac region. The entire tumor seems to be of semi-fibrous character and no attachments can be detected; but, as it extends posteriorly to the left lumbar vertebræ, there may be some attachments posteriorly, though there are no symptoms warranting such conclusion, as there have been no signs of pressure upon the spinal column, as it seems to me would have been the case had such attachments and pressure existed upon any portion of the lumbar vertebræ.

"The treatment since she came under my supervision has been tinct. of iodine externally, hydriodate and chlorate of potassa alternated internally, and occasional aperients, with sedatives to allay irritation. She is now anxious and fully determined to have the tumor removed at the earliest possible moment, wishing to take her only chance for the prolongation of her life, which she is fully satisfied cannot long continue unless relief be afforded by the extirpation of the tumor.

"Upon examination, in consultation with Dr. Sullivan and Dr. Quimby, of Malden, Drs. Gilbert, of Sherbrooke, and Brigham, of Philipsburg, and Dr. Smith, of Frelighsburg, after submitting the above details of the case and after a personal re-examination by these gentlemen, I submitted the following query: What is the character of the tumor, and can it be removed by an operation? The patient should have the benefit of all doubts, if any exist in her favor, the more especially as she is so fully aware of the fatal termination of her case without the removal of the tumor on the one hand, and on the other the chances for prolongation of life if the operation can be successfully performed."

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Dr. Sullivan's Statement.—"I saw Mrs. Carpenter October 25th, 1870, at Frelighsburg, Canada. A small woman, extremely emaciated, very anæmic, countenance somewhat sallow, but not the sallowness of jaundice or cancerous disease; she presented the characteristic 'facies ovariana,' the 'hide-bound' face, which I should infer from the present case is not peculiar to ovarian disease, but may exist in connection with other abdominal tumors. I ascertained that there had been very little constitutional disturbance during the progress of the disease, the symptoms being gradual decline in strength with progressive emaciation.

"On examining her abdomen I was enabled to verify in every particular the previous statements, verbal and written, of Dr. Chamberlin, her attendant; his description being so careful and exact that it will be unnecessary for me to repeat it. There was some œdema of the lower extremities, and a slight sense of fluctuation in the abdomen, which contained apparently something like a pint of fluid. In reference to this point, I may observe that after the patient was chloroformized, on percussing the abdomen the passage of an unbroken wave of fluid across the entire surface of the tumor was distinctly recognizable, thus rendering it improbable that adhesions existed between the anterior face of the tumor and the abdominal walls. The entire hypogastric region was filled with the tumor, which stretched from one ilium to the other, but the bulk of the mass was situated to the left of the linea alba, extending upwards, as described by Dr. C. The mass seemed to be immovable, but as manipulation caused a good deal of pain, I could not be sure that this was the case. When the patient was under chloroform, it was found easy to push the tumor upwards for at least two inches, and to detect what appeared to be a firm

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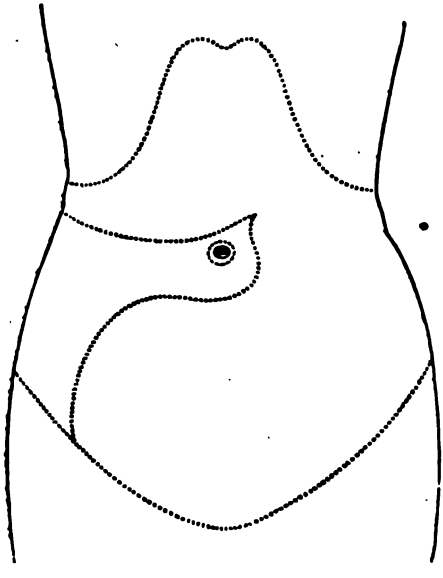
adhesion to some of the tissues or organs situated behind the pubic bones to the left.

"Examination per vaginam with the finger and sound revealed a quite normal condition of the vagina and uterus; the latter occupying its natural position, slightly but not abnormally anteflexed, not prolapsed, os slightly patulous, internal sphincter relaxed, indicating the previous existence of the diseased conditions recognized and treated by Dr. Chamberlin. No fulness whatever could be distinguished in either cul-de-sac, either while the patient was in the recumbent posture or when examined while erect. The ascitic effusion was insufficient to cause bulging downwards of Douglas' fossa; neither was it possible to determine the existence of a tumor by any species of vaginal exploration, however carefully made. On this account I concluded that the



tumor was probably not ovarian, but that if ovarian it had a long pedicle, and perhaps rested upon the iliac fossæ in such a way as to render its detection per vagi-

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nam impracticable. On percussing the abdomen, there was dulness or flatness over the entire space occupied by the tumor, extending to the left lumbar vertebræ, and posteriorly as far up as the lower border of the left lung. Anteriorly, the area of dulness extended upwards on the left side until it was lost in that of the hepatic, cardiac and splenic regions. In the right hypochondriac region there was present also an amount of deep-seated dulness, on percussion less marked than that over the tumor itself, which was afterwards found to be due to enlargement of the right lobe of the liver. Pulse eighty; heart and lungs apparently healthy, as nothing abnormal could be detected on auscultation and percussion; no urinary difficulties. Drs. Gilbert, Quimby, Brigham, Chamberlin, and Smith having examined the case and confirmed the above facts, the question of diagnosis was formally discussed, when each of the gentlemen confessed his inability to arrive at any conclusion whatever as to the precise character of the tumor. The general opinion was, however, that the diagnosis lay between a fibrous tumor of the uterus or Fallopian tube, an omental tumor, or possibly, but not probably, an ovarian growth of some sort. It was clearly neither an enlarged liver nor kidney, not an enlarged uterus, and probably not a uterine outgrowth of any sort.

"All were agreed that the patient in her present state had but a short time to live, and that to comply with her earnest and reiterated request that the tumor should be removed if possible, was not only justifiable in a surgical point of view, but a duty to the patient. An exploratory section was recommended and decided upon by the common consent of all present, nemine contradicente, and was accordingly undertaken the same day.

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"Patient took kindly to chloroform, which was very carefully administered by Dr. Smith, of Frelighsburg, and having been placed on the table an incision was made a little to the left of the median line, beginning two inches below the umbilicus and extending three inches downwards. The integument was first divided, then some cellular tissue on the director afterwards; as the abdominal parietes were very thin, a portion was lifted by the forceps, a small opening made through the entire wall, and the division completed by the scissors, using the finger as a director. About a pint of clear serum escaped and a portion of the tumor, having a deep red, rather mottled appearance, was exposed to view. I was unable to diagnosticate its nature, and, on appealing to the gentlemen present, found them equally in the dark. On introducing the hand into the abdominal cavity, no adhesions could be detected, which, were there no others, would preclude the removal of the mass. The incision was then enlarged in both directions; on cutting upwards through the abdominal walls the right lobe of the liver was exposed, enlarged, and reaching downwards three or four inches below the ribs. It was then ascertained that the tumor was an enlarged spleen, but its attachments were apparently natural, though more extensive than usual, in consequence of the enlargement of the viscus and their being drawn downwards by its weight.

"Owing to the exsanguineous condition of the patient and the œdematous state of the abdominal walls, there was freer hemorrhage than usual from the divided surfaces, but of a serous character. More than two hours elapsed before the oozing from these surfaces could be restrained with sponges and exposure to the air. When this had at last been accomplished to the satisfaction of all present, the wound was brought

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together with wire sutures and adhesive straps, and several bits of carbolized sponge were placed over the line of the incision, and confined by plaster and a flannel swathe.

"Free hemorrhage of the serous character described followed every puncture of the needle. A small opening was left, at the bottom of the wound, for the discharge of serum or blood. The patient soon recovered from the effects of the chloroform, of which but eight ounces had been used. Beef tea and brandy were administered, the latter by mouth and per anum. She remained to all appearance comfortable until about nine P. M., when she rather suddenly expired, having conversed quite freely a few moments before. Permission was obtained to examine the abdomen only.

"Sectio cadaveris eighteen hours after death. Rigor mortis well marked; abdomen not at all tympanitic; divided surfaces in perfect apposition; no external evidence of hemorrhage, dressings not even stained; sponges applied in the course of the incision a little stained on the surface applied to the abdomen, but not in the least saturated. On removing the sutures and exposing the cavity of the abdomen, not far from eight ounces of loosely coagulated blood were found underlying the incision, which was believed by Drs. Chamberlin and Brigham to have been exhaled from the capillaries during the last moments of life. The cavity of the pelvis contained a small quantity of serum tinged with blood, and the rest of the abdomen about a pint of serum, which appeared to have been confined in some way by the pressure of the tumor and abdominal viscera. The tumor proved to be the spleen. There were no adhesions save the natural attachments enlarged. Weight, eight pounds. The liver was nearly double its natural size, weighing about seven pounds. Kidneys healthy; uterus and ovaries and other viscera the same."

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Dr. Martin inquired of Dr. Sullivan if any of the surgeons who had been present at the section reported by him were familiar with the appearance of the "malarial spleen."

Dr. Sullivan replied that the portion of Canada in which he had operated was not a malarial district, that the patient had not resided away from home, and that she had never shown any symptom of intermittent.

Dr. Martin asked Dr. Sullivan whether, if the patient had been of the other sex, he would not probably have made the diagnosis without a section. Dr. M. related a case of very similar character occurring some years ago at the Massachusetts General Hospital, the patient being a man, when the tumor occasioned by the spleen was of enormous size.

Dr. Sullivan did not think that he should have recognized the true character of the case under the circumstances supposed.

Dr. Martin explained that he had asked the question, because there was usually so strong a presumption in the case of an abdominal tumor in women, that it was either uterine or ovarian. Dr. Sullivan had mentioned an "ovarian countenance." He did not believe that such uniformly existed, as described and figured by writers; it was the same as was often present in opium-eaters, and he had seen it well marked in simple cases of enlargement of the liver.

Dr. Storer had commented upon the value of "the ovarian expression" in relation to its value in diagnosis, at a former meeting of the Society. All that he thought could be justly claimed for it was that it was present in a certain proportion of cases; while the other extreme of countenance, a plump, well-nourished, and ruddy face, accompanied a certain proportion of cases where the tumor was an uterine fibroid. The "hide-bound"

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face was seen, no doubt, occasionally in other cases than ovarian, as stated by Dr. Martin, and as in the instance of hypertrophied spleen, reported by Dr. Sullivan. As regarded this latter class of cases, he would say that he considered them of very great scientific and practical importance. He had himself seen but two cases that he considered of this character, in which the enlargement had attained the degree that existed in Dr. Sullivan's case. One of these was sent to him two or three years since by Dr. Greene, of this city. He admitted her to St. Joseph's Home, and, diagnosticating the case, refused to make an exploratory section. The patient subsequently died under his care, and an autopsy verified the opinion. The tumor presenting during life occupied the whole left side of the abdomen, extending upwards under the short ribs and downwards into the pelvis, the spleen proving to have displaced itself laterally upon its longitudinal axis. In this instance there had long been profuse epistaxis, to such an extent indeed that the posterior nares had repeatedly been plugged. The other case to which he referred had been sent to him from Amesbury, by Dr. Sparhawk, and here, too, he had declined operating. He would ask Dr. Sullivan if there had existed the hemorrhagic diathesis in the Canada case.

Dr. Sullivan thought that it had not been observed. He had spoken in his report of the case of a large quantity of coagula being found in the abdominal cavity at the autopsy. These had been thought by the gentlemen who were with him to have resulted from post-mortem exhalation. It was his own opinion, however, that they were from secondary hemorrhage.

Dr. Martin inquired as to the justifiability of attempting to excise the spleen when greatly enlarged. He had once had occasion to discuss the question in a case

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concerning which he was consulted by a medical friend, and had decided against it, although he was aware that old writers speak of the operation as performed upon children, so that they might have "better wind."

Dr. Blake thought that he had seen a case mentioned in the "Boston Medical and Surgical Journal."

Dr. Storer believed that this must have been the famous French case of M. Pean, a year or two since, in which the spleen had been successfully removed from a young girl. Physiologists had repeatedly performed the operation upon dogs, with recovery, but instances in which it had been essayed upon the human female, as by Spencer Wells and others, had almost uniformly proved fatal.

Dr. Marcy referred to the frequency of enlarged spleen at the South. He often saw it in the soldiers under his care. Its subjects were known as "swelled bellies."

Dr. Warner observed that when practising in St. Louis, he had been struck by the great prevalence of the affection in a particular district to which he had often been called in consultation. He referred to the "American Bottom," in the southern part of Illinois. The residents of the place were nearly all of them sickly, and ague was so universal an affection that for a person to have no enlargement of the spleen was exceptional. He had often seen the organ so hypertrophied as to dip into the pelvis, and yet the patient perfectly recover under appropriate treatment. He used to give, with the quinine, calomel and iron. It was unnecessary to order whiskey, as every one took this, whether it were prescribed or not.

Dr. Martin had been astonished at the frequency of enlargement of the spleen when on duty at the South. Especially had this been the case at Pilot Knob and

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Cape Girardeau. He had seen many instances in which the outline of the belly had changed to a degree that would have been comical had it not been for the attendant suffering. He had sent home more than five hundred of these spleen cases, and had heard of the subsequent recovery of many of them, sometimes the person re-entering the service and at others going into business.

Dr. Warner related an instance of

RUPTURE OF AN ENLARGED SPLEEN,

upon a sudden exertion, with almost instantaneous death. He had noticed, in the locality of which he had been speaking, that persons who were in the habit of drinking cider were not so likely to suffer from ague.

Dr. Dutton inquired if hypertrophied spleen was to be considered as the result or the cause of ague. Was it a symptom or the disease itself?

Dr. Martin considered the pathology of ague to be very similar to that of leucocythæmia. In both there was a preponderance of the white corpuscles. Many who had enlarged spleens did not recognize that they were sick. Often, at the South, whiskey and quinine were regularly taken before breakfast. At one little store he was at, the weekly sale of quinine reached forty ounces. Many a patient who was saturated with malaria never went down with chills.

Dr. Warner said that in cases of "square-toed" ague, where the regular paroxysm is sufficient "to shake the buttons off one's coat," patients seldom have the complication under discussion. It accompanies "bogus" or "dumb" cases. Where the shake occurs, the patient does not feel so badly during the interval.

Dr. Martin's experience had been to the same effect.

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The cases of hypertrophy suffered from "congestive chills" rather than from full and complete attacks.

Dr. Dutton had found in his own person that during the intermissions he was completely prostrated. This continued until he left the service.

Dr. Bixby had chills and fever for three years, when upon the Mississippi. Just as had been described by Dr. Warner, if he succeeded in getting a full shake, he always felt better and was ready for a good dinner. Otherwise, his appetite and spirits were gone. Years afterwards the disease took a less marked form, and then he did not get relief in the intervals.

Dr. Warner had treated many hundred cases of ague and had suffered from it himself for years. He would not give quinine or even whiskey at the commencement of the paroxysm. It would be sure to make a bad matter worse.

Dr. Martin was satisfied that the northern ideas of the proper treatment of malarial disease were in great measure wrong. They were very different from those entertained by the expert practitioners of the South. The subjects of dumb ague frequently ran into continued fever, with all sorts of complications and results. Every disease in the South must be treated as "plus malaria," and as very different from Boston notions upon the subject. Boston men who had gone down South with the ideas learned from Dr. Jacob Bigelow, who had got them from some old book he had read when a medical student, couldn't see the disease when it was before their eyes. He related a case of

PERIODICAL INSANITY ACCOMPANYING AGUE,

cut short by the exhibition of forty grains of quinine at a dose.

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Dr. Warner spoke of Boston students who had gone to practise at the West, and gave a quarter of a grain (!) of quinine, in ague, three times a day. If too little quinine was given, the difficulty was often increased. His rule was, to "put in the lever" after sweating commences. If small doses had been given, he would increase, as he had frequently done, to thirty or forty grains, or even a drachm, at a dose.

Dr. Martin had severe attacks of chills, with delirium, etc., after returning home. He was ordered a grain and a half of quinine every two hours, by the friend who had charge of his case, and under this treatment he rapidly got worse. Expecting to die, he ladled out for himself thirty grains and took them at a single dose. In less than twenty minutes, and as if by magic, he got relief. This was contrary to what he had been told by Prof. Ellis, of Harvard College, who asserts that quinine, even at the West, took many years, if not a century, to be absorbed into the system. No amount of hot brandy and water could have had one half the effect.

Dr. Blake thought that within the last ten years larger doses of quinine were given in Boston than formerly. He had known of instances where as high as two grains every hour had been given until sixteen or twenty grains had been taken. The theory here is that an artificial disease is thus created which forestalls the ague itself. He had treated many cases, all of them, however, imported from the West or South, at the City Hospital, and with good effect.

Dr. Martin thought that Dr. Blake had stated very fairly the approved Boston way of exhibiting quinine, little doses frequently repeated. At the West, on the other hand, most practitioners would administer, at a single dose, the whole amount given here. Dr. M.

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referred to the "quinine circular" issued from the Surgeon General's office, with reference to this point. There existed some diversity of opinion as to whether the drug should be given at the beginning or the middle of the paroxysm. He had been told in Tennessee that the "winter fever," when complicated with pneumonia, was always fatal. Under proper treatment, he had not found that such was the case.

Dr. Warner said that because we had no ague here in Eastern New England, many considered that there was a comparative immunity from bilious derangements. He was satisfied that this was a mistake, and he thought that a practice of nearly thirty years in the West and South, taken with the nearly three years he had now spent here, gave him some opportunity of judging. There was a very great amount here of bilious derangement. He might say that the people of New England would be infinitely better off if they had an occasional attack of intermittent, or at least an explosion, as it were, of somewhat similar character. He would go further than this, and state that he had never as yet seen in New England a chronic uterine case unattended by more or less hepatic derangement, important enough to require attention and appropriate treatment. As old ladies say, in these cases, "nature's physic don't work," and it required assistance.

Dr. Storer was satisfied of the correctness of Dr. Warner's remarks, relative to the frequency and importance of hepatic disturbance in cases of uterine disease.

Dr. Wheeler exhibited a specimen of cystic disease of the ovary, as illustrative of the possibility of effecting

ENUCLEATION OF OVARIAN CYSTS WITHOUT DIVISION OF THE PEDICLE.

The suggestion made some little time since by a

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corresponding member of the Society, Prof. Miner, of Buffalo, that it was possible to tear a diseased ovary from the plexus of vessels supplying it, without increased risk of subsequent hemorrhage, had at first sight seemed to Dr. W. perfectly impracticable. The specimen now exhibited, showed that, with a good deal of care, and in small cysts, the procedure could sometimes be effected, at least upon the table after removal of the organs. Dr. Moore, of Rochester, N. Y., had suggested that it would be well, after most of the vessels had been separated from the tumor, to plait them by braiding, in the hope of thus exerting a certain amount of pressure upon them. Dr. W. thought that, in addition to this, it would be well, for greater security's sake, to fasten the extremity of the braid external to the cavity of the peritoneum, by a pin or clamp, or by Dr. Storer's method of "pocketing," and thus try to obviate the danger that would exist, especially if the plexus of vessels was short.

Dr. Martin called the attention of members to a late discussion in the "New York Medical Gazette" upon

THE PATHOLOGICAL RESULTS OF "CONJUGAL FRAUD,"

as practised in so disgusting a manner at the so-called Oneida Community, — namely, prolongation of the act of venery by delaying or suppressing the occurrence of orgasm by a mental effort. It was stated by the physician there resident, himself indulging in their promiscuous intercourse, that scarce any of the evil effects that might à priori reasonably be expected, had been noticed during a long period of years. Dr. Martin thought that parties, who could thus allege that with impunity they indulged in frequent coitus minus the orgasm, must certainly have attained the boasted civilization of

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the Chinese, and that the less said about them the better. He should be inclined to doubt the alleged facts.

Dr. Storer remarked that the statement of Dr. Noyes, of Oneida, that physical, mental, and spiritual health were improved by the practice referred to, was at variance with the experience of the whole profession. It was simply upon a par with that of Acton, to the effect that the splendid physique of so many of the Catholic clergy was owing to a constant secretion and re-absorption of the seminal fluid, with never a discharge. Bergeret,* and others who had treated of conjugal onanism, had furnished a mass of positive evidence which outweighed all such negations. Every practical gynæcologist must have recognized the evil effects so constantly produced upon women, by attempts to evade or improve upon the ways of the Creator during the generative act.

The Secretary stated that in accordance with the instructions of the Society he had sent to the "Boston Medical and Surgical Journal," for publication, the resolutions of the Society passed at the Special Meeting held on October 8th, 1870,† relative to the censure of its representatives at Washington by the Councillors of the Massachusetts Medical Society; but that the Editor, Dr. Francis H. Brown, had refused to present them, although he had published in his Journal the misrepresentation referred to. Dr. Storer also pointed out the circumstance that, in that publication, a very material portion of the vote of the Councillors had been omitted, — namely, all that referring to the fact that it was in accordance with instructions from the Gynæcological Society that its representatives had acted.

Whereupon, it was moved by Dr. Martin, seconded by Dr. Weston, and voted, that a committee of one be

* The Preventative Obstacle; Turner & Mignard, New York, 1870.

† See this Journal, November, 1870, p. 324.

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appointed by the President to take charge of all matters growing out of the mission of Drs. Storer and Sullivan to Washington on behalf of the Society.

The President appointed Dr. Martin as said committee.

Adjourned.

THE DETECTION OF CRIMINAL ABORTION.

By Ely Van De Warker, Syracuse, N. Y., Corresponding Member.

[*Communicated to the Society, and read March 7, 1871.*]

The recollection of many attempts, occurring to myself and others, to conceal from the medical attendant the fact that a criminal abortion is in progress, inspires this paper. It is appropriately a paper of the period; an attempt to lay down rules for the recognition of those cases, regarded by society as half correct, and yet fully within the borders of crime-land.

In view of what may be safely regarded as a fact, that deception of this nature is often successfully attempted, I am induced to make an effort to systematize our knowledge of this important matter. No physician wishes to be made a Judas to betray unwittingly his master. As society now looks upon this sin, we must be always on our guard. Wives will even make the hazardous attempt to keep both husband and physician in ignorance of the procured abortion.

I have reason to believe that there exist among us the Science and the Art of Abortion. The worship of the goddess Aphrodite finds its father-confessor in the fœticide.

The married woman, who gives to society the womanhood she ought to give to humanity, seeks the abortion-

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ist, and by the outlay of a few dollars shirks the high destiny of a mother.

The luxury of an abortion is now within the reach of the serving-girl. An old man in this city performs this service for *ten* dollars, and takes his pay *in instalments.*

Let the following instance illustrate the reckless disregard some women, who possess this moral obliquity, have of the rights of the husband. It is only a year or so ago that a woman, young and interesting, and the wife of a young medical man, came to me for such a purpose. When I stated the certainty of detection by her husband from the symptoms, she informed me, to my great surprise, that she had once successfully carried out such a plan of deception. Her husband supposed the "show" was a healthy renewal of her menses, which are oftentimes profuse, after an interruption of two or three months. I watched her from the window of my office, and saw her enter the den of a notorious abortionist nearly opposite. I have no doubt of her success in again deceiving her husband. He was a man of average medical attainment, and had served as a surgeon during the late war.

For the physician to stand by the bedside of a patient, unconscious that such a sacrilege is being perpetrated in the holiest of a woman's nature, does him irreparable injury, and inflicts an equal amount of injury upon society.

Crime will increase in proportion to the lessening of its chances of detection.

That which renders the detection of these cases difficult is the early period of gestation in which criminal interference is procured. In the great majority, the third menstrual lapse is the signal for interference on the part of the woman. In a case that occurred to me

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in January, 1871, a case of asserted interruption of the catamenial discharge "from taking cold," the patient, a young married woman, was two months pregnant. I detected the fraud on my third visit. Among women who have achieved the difficult feat of auto-catheterism of the uterine cavity, they usually probe themselves at the expiration of the first month, if the menses are tardy in their return. I know of several such model country-women; and have had many other cases of like nature related to me by other practitioners. Instances of self-probing at this early period rarely come under the notice of the medical man, except for hemorrhage, called by the patient "such a long time unwell," and then it is possible for the acutest physician to be at fault.

I think I may safely assert that the second and third months constitute the crisis in the uterine life of the fœtus, among women who are subject to this moral obliquity. Generally, married women have a wholesome fear of criminal interference after the fourth month, from the belief that fœtal life is then fully developed. This idea is the balm in Gilead to the conscience of every married woman; and the prevalent theory among "nice" women is, that before that time "no particular harm is done." It may be stated as a rule, that it is only among women who have a greater fear of children than of transgressing the divine ordinance, "Thou shalt not kill," that any measures are taken to arrest the progress of gestation after the period named. I speak of the married only, as no rule will apply to those who bear the fruit of illegitimate conception. The physician is called upon to visit two classes of cases.

(*a.*) Those in which the abortion is admitted, but its criminal cause denied.

(*b.*) Those in which the sickness is referred to some

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cause foreign to a pending abortion. The first class (*a.*) is generally met with among married women, and of the two is the less difficult of detection. The woman generally refers the unhappy state to a fall, or blow, or the sudden knowledge of unhappy news, or alarm, or that an abortion is habitual with her, and she fears that she will never have a living child. She refers her condition to one or the other of the above causes with such an air of sincerity, that it seems pure heartlessness for her physician to doubt.

In the first place, it is reasonable ground for suspicion, that a miscarriage is occurring in a young married woman, of previously good health, between the second and third months. If an abortion occurs in those early months from any disease of the maternal system it is generally, according to the classification of M. Guillemot, ovular. Even syphilis, than which no disease affects the system of the mother more disastrously, does not usually endanger the product of conception until the later months. (Duval.) It is rare, and I think the experience of all physicians will sustain me, that a spontaneous abortion occurs between the third and fifth months.

The history of the woman being known, and her appearance verifying the history that there is no constitutional taint, or state of confirmed ill-health, the question to be considered is, Does the reason given by the woman amount to a sufficient cause for the abortion? The evidence upon this point may be gathered from two sources; the history, from the occurrence of the alleged cause to the time of examination, and the evidence furnished by the touch.

A fall or blow upon the abdomen should leave some point of soreness or ecchymosis upon a portion of the body favorable to an abortion; thus, a sore point, or

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ecchymosis upon the shoulders, arms, or legs, although confirming the fact of the receipt of an injury, would not, in the absence of similar marks in regions obnoxious to an abortion, verify the statement of the patient. Still, in the case of a nervous, excitable woman, who had previously suffered a spontaneous abortion, due allowance should be given for the effects of shock. In a case that came to my notice some years back, the woman alleged that the miscarriage at between three and four months was caused by a kick upon the abdomen from the husband, and exhibited marks in that region to verify her statement. It was shown afterwards that a woman had probed her womb some time (six or eight days) after the injury to the abdomen.

In the matter of an alleged fall, as in descending stairs, in the first weeks of gestation, the ovum is driven out oftentimes, on the principle of forcing a cork from a half-filled bottle by the sudden concussion (Cazeaux). It never occurs in this manner after instrumental interference.

A careful examination as to time is an important element in the case. By a study of the table of contrast it will be seen that the severe symptoms are inverted; that the spontaneous abortion begins without shock, the abortion from manipulation *almost always* with more or less severe constitutional disturbance, or with persistent abdominal or lumbar pain. The shock prevails in the forced abortion, for this reason: the cavity of the womb has been invaded; always with an instrument like a sound, or by an injection of water. Those of us who have injected the cavity of the unimpregnated womb know how liable it is to be followed by pain or shock; how much more persistent must be the symptoms of evil when the cavity of the uterus is injected with a criminal purpose, and is subjected to rough manipulation,

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when this — the key organ of a woman's system — is undergoing radical physiological changes. The instrumental abortion often has expulsive pain immediately following the interference. The spontaneous or accidental abortion never presents this as an initial symptom. The reason is clear. If an injection has been used by the fœticide, the uterus is at once so circumstanced that demands are made on its expulsive power. The uterus rarely fails to respond to the demand. If the ovum is detached the conditions are still the same.

Another symptom characteristic of the abortion by manipulation, and occurring within a period varying from a few hours to two days, is a marked tenderness of the hypogastrium, often diffused over the abdomen at large, gradually lessening in intensity as it recedes from the region of the pubes. Those who have had experience in this matter tell me that it is truly surprising how rapidly the abdomen will become tender to the touch, and the pulse mount up to the neighborhood of a hundred, and still nothing serious result, after an injection into the gravid womb. The womb, when interfered with at about the third month of gestation, may also be felt enlarged and tender above the pubes; but this symptom is not so common as hypogastric tenderness, which is rarely, if ever, absent.

DIFFERENTIAL DIAGNOSIS.

Accidental and Spontaneous Abortion, to the Third Month.

Ovular abortion may occur and simulate dysmenorrhœa. Later; a gradual climax of symptoms, thus: loss of appetite, depression of spirits, pain in loins, weight at anus or vulva, pain in breasts, followed by hemorrhage and expulsive pains in uterus.

From accident, sharp pain in back, loins, or abdomen; often an interval of

Instrumental Abortion, to the Third Month.

Marked constitutional disturbance from the first. Rigors, fainting or collapse, pain severe in hypogastrium, often extending over the entire abdomen, and marked tenderness on pressure.

Expulsive pains before the hemorrhage. Pain severe in back and in a line from umbilicus to sacrum, pain and

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a day or two or more, and then pains renewed violently and bleeding.

Evidence of history; habitual abortion, previous ill-health, or plethoric state.

Often a history of uterine displacement.

As a rule, pulse rarely reaches 100.

As a rule, there are no symptoms of inflammatory complications of uterus or abdominal viscera.

hemorrhage occurring together. Large clots.

Evidence of history. Previous good health. Evidence of habitual abortion absent or doubtful.

As a rule, pulse from 100 to 120.

As a rule, always symptoms of inflammatory complications, tenderness on pressure over uterus. Os and cervix enlarged and extremely tender to the touch.

Now, if the examination of the woman, or her husband, or others, establishes the fact that the severe shock was among the initial symptoms, followed quickly by expulsive pains; and if, in addition to this, the hand to the abdomen gives evidence of marked hypogastric tenderness, we are fairly at liberty to conclude that we have before us a case of forced abortion, notwithstanding the denial of the patient. If the questions to the patient are skilfully put, the above facts may generally be readily elicited; as in most cases they are ignorant of any peculiarity in their case, one abortion being as good as another in womanly eyes.

In this class of cases, there is no obstacle of course to a digital examination, which may afford evidence so completely corroborative of the conclusions based upon the above signs, that the physician may acquit his conscience of any injustice towards his patient. The evidence furnished by the touch is the second source from which we obtain facts as to the guilt of our patient.

One of the first symptoms brought to light by digital exploration is great heat and fulness of the vaginal passage. The rugæ of the vagina are thickened from congestion, and seem to be unusually sensitive, grasping the finger with more or less force. This vaginal hyperæsthesia is generally found associated with abdomi-

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nal tenderness. It may be found in the spontaneous or accidental abortion in those rare cases in which inflammatory complications obtrude. Knowing, however, the rarity of such complications in the innocent abortion, we are justified in regarding this as further evidence of criminality.

The os uteri is *always* tender, usually so much so that the most careless observer must remark it. The innocent abortion may, and often does, present the same feature, but rarely the exquisite tenderness of the cases referred to. The uterine pain to the touch is so constantly present, that it is independent of the presence of abdominal pain and tenderness on pressure. It may be present in a few hours after the use of the instrument, but usually is present after the first day. Those who have been favorably situated to study this symptom in the forced abortion, inform me that, although it may be present to such a degree that an examination is impossible, still it is not a reliable datum for prognosis. It is difficult to explain this uterine tenderness, unless we regard it as the result of the inflammatory engorgement, dependent on the untimely and *sudden* demand made upon the expulsive power of an organ entirely unprepared for such an effort.

Coincident with this tenderness of the cervix is an engorged condition of that part of the uterus, which, in all probability, is common to the body and fundus of the organ. This, undoubtedly, is the condition when the uterus can be felt above the pubes. This state of the body and cervix may be present in the spontaneous abortion, but it would not exist to any great extent, unless associated with inflammation.

There is still one more peculiarity of these cases revealed by the touch. This is an œdematous condition of the cervix, in which the margin surrounding the

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opening of the canal may be enlarged, giving that soft, bag-like feel peculiar to tissues infiltrated with serum, beyond which the body of the cervix may be perceived smaller than the lips. This is a condition more often met with in the instrumental abortion under the third month, and not of necessity associated with the more serious inflammatory symptoms already mentioned.

This concludes the description of the symptoms which characterize this class of abortions, and from which, I think, if carefully and judiciously applied, we may be able to satisfy ourselves as to the existence of a criminal element in the case, and not be guilty of any injustice to our patient.

b. Those cases in which the sickness is referred to some cause foreign to a pending abortion. From the nature of things, we would meet this class of cases only among the unmarried; and when the physician is brought in contact with them, the acutest may be at fault. In the first class detection was comparatively easy; but here the woman is making her best effort to defend the remnant of her honor. Not only do we have the cunning of the woman to deal with, but she is often instructed by the abortionist as to her conduct, if it becomes necessary to call in a physician. A man gray and crippled by years, and who out-Herods Herod, I am told makes it a practice to instruct his patrons, who are novices in the mysteries of premature motherhood, how to avoid confessing their shame. How is a physician to distinguish the hemorrhage of an abortion at six weeks from the flow of a menorrhagia or dysmenorrhœa? It is no impeachment of the acuteness of the practitioner to say, that many cases may occur in which it would be almost impossible to discriminate between them. The bloody discharge may clot in both cases,

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there may be expulsive pains in both, and tenderness of the abdomen, back-ache, and fever. You cannot find the ovum, if expelled, for the woman cares that you shall not. She will not permit an examination. However, I believe there are but few cases in which procured ovular abortion takes the kindly course of a dysmenorrhœa. With this last disorder, especially after a menolipsis, it is most liable to be confounded. Cases may occur, in which the physician, judging from the social position and *known* character of the patient, has no right to suspect an abortion; but in whom fœticide has taken place. It is woman's mission to love, and she may love not wisely among the rich as among the lowly. The patient expects, and rightly too, that the excessive flow of an abortion can be arrested without her medical adviser knowing the real difficulty. If the ovum has escaped and left no remnants behind, the measures which would arrest an inordinate menstrual flow would tend to abate the hemorrhage of an abortion. The same remark applies to pain. It is for this reason, if the patient has been instructed, that she clings to her secret.

The following table will exhibit all we know of the difference between dysmenorrhœa and forced abortion.

DYSMENORRHŒA.	INSTRUMENTAL ABORTION.
Previous attacks. Pain most severe just before discharge. Pain relieved by the flow. Pain more often ovarian than uterine, except in cases of retention, when the pain is expulsive. Pain in loins and thighs.	Absence of menses two periods or more. No previous history of dysmenorrhœa. Rigors and severe constitutional disturbance. Pain not relieved by discharge. Pain and discharge occur together. Pain more marked in uterus than in ovaries. Tenderness acute over abdomen and uterus.
Shreds of membrane in discharge.	No membrane in discharge.
Fever not severe or pulse high, as a rule.	Fever, and pulse 100 and over.
No dangerous inflammatory complications.	Dangerous inflammatory symptoms common.
History furnishes evidence of ill-health.	History of previous good health.

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Manner of patient free from suspicion.

Manner suspicious.
Possibly expelled ovum may be seen.
Great reluctance to vaginal examination.

When called to a case of dysmenorrhœa or menorrhagia, what circumstances would lead us to suspect a pending abortion? I believe that if the manner of the patient did not cast suspicion on the case, the character and situation of the pain would. On this point the oral examination of the patient ought to be as rigid as possible, and not excite her fear or hostility. As to the part of the womb which is the exciting cause of pain, Dr. Snow Beck* has given some useful hints. When the cervical part is involved there may be reflected pain in the lower lumbar region, the hips, the iliac, inguinal and hypogastric regions, and the inner part of the thighs. Dr. Graily Hewitt believes this to be true. This would account for pain, in the positions named above, in cases of undue narrowness of the cervical canal. In contrast to this the pain of abortion would be uterine, and radiate from this point to the back and loins. The pain of menstrual retention may be periodic, like those of labor,† but we have this cardinal symptom to guide us, — the expulsive pain of dysmenorrhœa due to menstrual retention is always accompanied by scanty discharge, or by a discharge occurring in gushes, with relief in the pain of some hours' duration; while the pain and discharge of an abortion occur together, the hemorrhage not in any way lessening the intensity of the expulsive pains. Another diagnostic point to be observed in dysmenorrhœa is, that an arrest of a catamenial flow is followed by a marked exacerbation of pain; while in abortion the cessation of the discharge is generally the signal for an abatement of the pain,

* Medical Times, 1851, Vol. xxiii., p. 583. † Hewitt, p. 118.

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or never tends to intensify it. Shreds of membrane in the discharge would at once decide the case in favor of dysmenorrhœa. One word as to the manner of the patient. If the woman is actually suffering from a criminal abortion, the very consciousness of being examined by one whom she supposes able to detect her state, would be apt to lend a peculiar reticence to her statements about symptoms she regarded as characteristic of an abortion. If the patient was in great suffering, the physician would have to settle the matter with his own conscience as to the propriety of wringing a confession from her by means of her fears.

An examination as to the character of the discharge may throw some light on the case. From the menorrhagic discharge being generally free from the severe pain usually found in abortion, except in those rare cases in which a forced abortion would be almost painless, and also being seldom met with in the young and healthy female, I throw it out of consideration. The discharge of an abortion would invariably form vaginal clots, irrespective of quantity, the conditions which render the discharge of the menses uncoagulative being reversed in case of abortion; the discharge of a dysmenorrhœa never clots; if it were so free as to clot, the expulsive pains would cease, or abate; but as a rule the discharge is not coagulable, being so slight usually that the vaginal and uterine secretion prevent. Again, the hemorrhage of an abortion occurs in gushes, synchronous with the expulsive pain,* and at each pause there is a cessation of pain; while in dysmenorrhœa, as already stated, the gush is followed by a considerable interval of freedom from pain. There is generally a periodicity in the hemorrhage of an abortion rarely seen in the disease with which I am contrasting it. The manner in which the abortion is brought

* Hewitt, p. 67.

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about may also present a symptom quite characteristic. Having taken considerable trouble to ascertain the most common method, I believe an injection of water into the cavity of the womb is the means generally relied on by abortionists. In two cases which I attended, the result of the interference of an abortionist of this city, the symptoms were begun by the discharge of water tinged with blood for some hours before actual hemorrhage commenced. Both cases were at the third month of gestation. If called to a case of alleged dysmenorrhœa, in which active inflammatory symptoms were present, with acute tenderness of the abdomen, and a pulse at one hundred and twenty or upwards, attended with periodic pain and hemorrhage, I should feel justified in regarding the case with suspicion.

In those cases in which our suspicions lead us to insist upon a vaginal exploration, we gain important information, already referred to in a former part of this paper. In one of the two cases just mentioned an examination was refused, the patient appearing to suffer from severe shock to her modesty. On being kindly reasoned with, she acknowledged her condition, but not until danger was imminent.

In this class of cases, if an examination of the womb be made, the attention should be directed to two points: the dilated os, and the possibility of the ovum or fragment of placenta protruding. If the finger detects a soft, tender, dilated, and yielding os, a state is revealed totally at variance with the conditions essential to dysmenorrhœa. If the ovum was detected in the dilated os, it would at once settle the question. If the placenta, or a fragment of it, presents at the external os, the diagnosis would rest between a polypus or placenta. The previous history would confirm or exclude the idea of polypus.

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The sequelæ may tend to confirm or remove lingering doubts. In a case of dysmenorrhœa, after the womb has completed its menstrual molimen, the woman, as a rule, is restored to a condition of comparative comfort; but in the abortion there is generally loitering tenderness of the abdomen, aggravated by standing or walking; often recurring attacks of hemorrhage, from a slight show to severe hemorrhage, independent of any periodicity; dragging at the loins, and a sense of weight at the anus or vulva. These symptoms may persist for an indefinite time. I have no doubt but the family physician is often called upon to treat these symptoms, and without any suspicion of criminal antecedents. The practitioner ought to bear in mind that the instrumental abortion, procured with malicious intent, presents almost always features of malignancy. It is isolated by these features from other accidents of the puerperal state. The innocent abortion is preluded by nature with organic changes which fit the womb for the expulsion of its contents. In the forced abortion demands are made upon a healthy organ for it to instantly violate the laws of its physiological action. This I believe to be the key to the difference between the two cases.

EVERSIO UTERI AS A CAUSE OF PROLAPSUS.*

By Prof. E. Martin, Berlin, Prussia. Translated by H. O. Marcy, Cambridgeport, Mass.

[*Communicated to the Society, and read Aug.* 16, 1870.]

II.

The following is a case of the penis-like prolapsus that has recently been treated by me: —

Mrs. S., from Stettin, aged forty-nine, medium-sized, light-complexioned, general health good, has had ten

* Concluded from this Journal, April, 1871, p. 248.

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pregnancies, of which four were premature deliveries, and six were of living children, which she had herself nursed. Menstruation had occurred regularly from her sixteenth year, until 1867, and after a year's interruption it reappeared in October, 1868. Since then the flow had been regular but scanty. A prolapse had apparently first appeared four years ago, after her delivery at the full time, which became constantly more troublesome, and caused her finally, as her husband had abandoned her for another, to seek help at the gynæcological clinic in Berlin. At her admission, upon the 8th of January, 1869, the cervix, similar to a horse's penis, protruded from the vulva as a firm, roundish mass, ten centimetres long.

The knotty, thickened, brownish-red end appeared covered with a velvety, mucous membrane, and three or four centimetres behind the narrow roundish opening of the uterine canal, the bordering line, somewhat definitely marked, terminated in the pale, firm, smooth, dry, turned-out vaginal mucous membrane. No fluctuating spots were found in this protruding mass. The sound introduced into the bladder gave no evidence of cystocele, nor did the forefinger passed into the rectum discover rectocele, but with the latter one felt upon the upper half of the thickened cervix a lessening in the size of that portion of the uterus within the pelvic cavity lying within reach.

The circumference of the inverted vagina and the protruding cervix, measured in the narrowest place twenty-one centimetres. The sound introduced into the cervical canal, at the distance of twelve centimetres met with an obstruction; after the overcoming of which it passed ten centimetres farther into the uterine cavity. No trace of the vaginal arch, either before or behind the cervix, was to be observed. The patient was photo-

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graphed upon reception into the gynæcological department of the hospital, and exhibited to the physicians, and by them it was judged that a reposition of the prolapsus was impracticable.

Upon the twenty-seventh of January, the patient was placed upon the table in the position for lithotomy, and chloroform administered. Then I again established, through the introduction of the sound into the bladder, that the latter did not extend into the prolapsed part. I now introduced two Schutz' needles obliquely from before backward, through the protruding cervical portion, bearing in mind the deep sinking of the posterior peritoneal fold, with which I was familiar. By means of Luer's ecraseur applied below the needles, the lower portion of the lengthened cervix, about the size of a child's fist, with the inverted vagina, was slowly separated.

The divided cervix appeared smooth, the enlarged vaginal arteries were ligated, and then the needles were withdrawn. Immediately I observed that the cut surface of the stump had undergone a diagonal half-moon division, from two to three centimetres long, the extremities of which gradually separated from each other, and gave a glimpse into the smooth, pale, serous cavity of Douglas' fossa. Upon the posterior wall, the ligamenta sacro-uterina were plainly seen, which were separated from their united insertional point with the uterus like two firm pale cords, retreating from before backwards from the point of union.

Furthermore I observed lying behind, itself also retroverted and protruding from the opening, the smooth, pale fundus uteri, with the Fallopian tubes given off from either side. I immediately replaced the fundus, and united with four silver sutures the posterior portion of the cut surface of the uterus and the divided vaginal

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wall, itself about one centimetre in thickness. Ice was applied locally for some hours.

Although loss of blood during the operation had not been observable, the patient upon awakening from the chloroform appeared very pale, so that I ordered an exclusively fluid, but yet strengthening, diet; for example, soup, eggs, milk, coffee, etc. Thereby a general reaction, as also vomiting, was prevented, and while the urine was four times daily drawn with the catheter, the evacuation of the bowels first occurred upon the seventh day. The wound closed slowly. On the fourteenth of February, the silver sutures were removed, and by gradual contraction the divided surfaces were wholly cicatrized about the middle of March, whilst the general health and appearance remained during the whole period of a satisfactory character.

At the end of February, menstruation took place without difficulty, from within the little opening of the cervical canal. The flow was moderate, and returned again in like manner upon the twenty-fourth of March.

The body of the uterus was found remaining retroverted, in the thickened posterior vaginal wall. Upon the twenty-first of March, I replaced the same without force, whereby the posterior wall of the vagina folded itself as a thick roll or cushion. During the following week this fold diminished, while the sound could still be introduced eight centimetres into the canal of the uterine cavity. At the end of May, the patient was provided with a suitable ring pessary, and discharged cured.

The preparation of the specimen separated by means of the ecraseur is, after the same has been preserved for more than two months in spirit, seven centimetres long, and seven and a half in diameter. Upon the separated surface, one discovers, upon close examination, the

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small peritoneal fold, from one to two centimetres wide and one to two millimetres deep, which represents the lower portion of the recto-uterine fossa.

The limit between the vaginal wall, over a centimetre thick, and the hypertrophied cervix outside of the place mentioned, is not well defined.

According to the microscopical examination made by Dr. Hausmann, the white border shows, upon the outer surface nearest to the point of separation, a bed about a millimetre thick, of fattened epithelium, arranged in layers, whose uppermost cell rows are without nuclei. Unequal-sized papillæ protrude into the deepest layers, which contain near the vessels a connective-tissue stroma, in which a multitude of round and spindle-shaped nuclei were visible after the application of acetic acid. The reddish-brown, smooth, mucous membrane lying at the lower free end of the specimen shows, by microscopical observation, even to the roundish opening, small depressions, and is wanting in an epithelial layer similar to the above mentioned, and exhibits by a vertical section connective tissue in part folded, from which single thicker layers extend into the spaces between. Upon the addition of acetic acid, very many round or oval, as well as spindle-shaped, nuclei and cells appear here also.

In the foregoing case, the careful examination showed that the hypertrophy of the columnæ uteri had affected the vaginal portion, as well as the supra-vaginal. The growth of the submucous tissue had caused a projection outward of the cervical canal, so that by the os uteri not being torn, a complete turning-out or eversion had taken place. But the hypertrophy had also seized upon the vaginal walls, and the same were very observably thickened.

A dragging down, or stretching, of the cervix could

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not in this case have been the cause, since the walls above the place of separation upon the isthmus had still the same size. I, however, conclude from the observable lengthening of the uterine canal, even to twenty-two centimetres, that the lower portion of the body of the uterus may be drawn out, as the retroversion directly succeeding to the division makes an immediately subsequent shortening of this part probable.

A few weeks after recovery, the body of the uterus showed itself again perceptibly longer than is normal. The retroversion of the fundus taking place immediately after the operation, which had not existed before, as the repeated examination with the sound demonstrated, is easily explained by the division of the sacro-uterine ligament at the place of its insertion, during the operation. From the patient lying upon her back subsequently, the retroversion remained until its reposition before the application of an eccentric ring pessary.

Prolapsus, resulting from hypertrophy of the cervix uteri with eversion, exhibits many peculiarities worthy of consideration.

1. The parts cannot be replaced, or only imperfectly, that is, by being pushed into the sacral space, and only then if the cervix is yielding enough, and so thinned in one part by the increase of length that it is bent upon itself by the pressure, whereby an ante- and oftener a retro-flexion ensues.

If the hypertrophy is a general one, extending over the isthmus uteri, as in the above case, then reposition cannot be effected, and coitus is impossible.

2. Since the development of the uterine disease generally rests upon chronic metritis, a long-continued leucorrhœa precedes the same.

Often during the development there exists profuse,

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menstruation, which later can result in amenorrhea after much thickening has taken place.

3. Prolapsus with eversion is complicated with a drawing downward of the posterior, and sometimes also of the anterior, peritoneal folds covering the body of the uterus, which, from a therapeutic standpoint, is of the highest importance.

Examination with the uterine sound gives a more precise knowledge of this form of prolapse, because this alone can positively determine the length of the canal, and its direction. The region of the os internum, and also the length of the cervical canal, is designated generally by a slight hindrance in the introduction of the sound, which the end of the instrument experiences in pushing into the uterine cavity.

Not less important for the knowledge of the different relations of the prolapsed part, is the demonstration of the exact position which the bladder and rectum hold to the elongation of the uterus. The introduction of the sound into the bladder in a downward direction demonstrates positively the existing cystocele. A rectocele must be determined by examination with the finger. As regards the dilation of the recto-uterine, or the vesico-uterine, folds of the peritoneum, we possess no absolute diagnostic criterion.

The treatment of prolapsus resulting from hypertrophy with eversion, clearly consists — since we have no medicament which in a sufficiently short time can produce a lessening of the size of the uterus — in the cutting off of the protruding part. A remarkable contraction and diminution of the remaining thickened and lengthened portion usually follows this operation, in itself not dangerous, as I, like others, have observed in a not inconsiderable number of amputations of the hypertrophied vaginal portion. Whether one shall prefer

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to undertake the operation with the ecraseur, Maisonneuve's, Braxton Hicks', or the galvano-caustic loop, — the knife, the scissors, or the guillotine, — must be determined by the individual case. The danger of hemorrhage from the last-mentioned method of operation is doubtless greater, but it is not wholly wanting in the use of the other instruments mentioned. Therefore it is well to perform such operations under circumstances in which the patient can be afterwards carefully watched. The ligature of the artery in the hypertrophied tissue is sometimes especially difficult, and sometimes the loop afterwards slips off easily, so that Huguier recommends the ligature upon a curved needle. The application of the liquor ferri sesquichloridi upon a single bleeding point, or its application by means of a tampon, in all like cases in which it appears necessary, has proved beneficial. That the possible opening of Douglas' fossa is not so dangerous as one might suppose, has been demonstrated by the above-mentioned case, besides those of Marion Sims and others.

I have seen only one death in a great number of amputations of hypertrophied or degenerated vaginal portions of the uterus, as well in private as also in clinical practice, from which latter Dr. Jung has described twenty-four cases, observed in the stationary gynæcological clinic. In this case, that of a married woman aged fifty-seven, there supervened, from some unexplained cause, a diptheritic inflammation of the vagina and uterus with lymphangitis, which, with complex symptoms, ran into a complete epidemic puerperal fever. In all the other cases, fifty in number, the patients recovered.

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EDITORIAL NOTES.

SECESSION UPON THE PART OF MASSACHUSETTS from any truly national organization would once have seemed an impossibility. But thus the world goes round in strange alternation of light and shadow, history constantly repeating itself, and the old Bay State interchanging places in the most wonderful of ways with South Carolina. The Southern blood leaped into disloyalty that it might preserve its people from further political association with castes they thought inferior to themselves. That of Massachusetts, so far as the profession is concerned a turbid stream, is flogged by the Councillors' whip into just heat enough to deny the authority of the National Association, and to refuse the help that body had extended towards the needed self-purification.

The late Annual Meeting of the Suffolk District Medical Society of Massachusetts will go down to the future as an historical occasion. The Metropolitan District, it is the head-quarters of the aristocratic, selfish, imperious, mutual-admiration clique, which for more than half a century has uninterruptedly ruled the State. Here, in this city, are held the annual meetings of the State Society, and still more those "adjournments of annual meetings," at which scarcely a country member is ever present. Here are convened the Councillors, those giants of straw, — Og, Gog, and Magog, of whom men are now bending and snapping to pieces with such infinite gusto. Here, at certain well-known dinner-tables, gentlemen from the rural districts are flattered, and then easily cozened and manipulated. And here it is, — where else in the world could such effrontery be tolerated? — that the man who of all others in America

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has systematically encouraged the worst irregularities in practice, whose writings far and wide are quoted as orthodox by the worst enemies to the regular profession, the tone of whose whole public life has been a sneer at the science he professed to teach, and who leaps at the slightest opportunity of wounding his associates and colleagues, no matter how bitterly, if he can only relieve himself of some little pun long and carefully prepared beforehand, — it is here he sits at his ease, and with a make-believe serious air, so very, very childlike and bland, pens for a New York audience, what he would hardly say to those who have kept his record at home:—

"The great majority of the profession are peacefully inclined. Their pursuits are eminently humanizing, and they look with disgust on the personalities which intrude themselves into the placid domain of an art whose province it is to heal and not to wound." *

This is the familiar cry of individuals and of corporations, recognized or not as such, who are coming to grief, — "Let us alone." It was this sort of peace that South Carolina desired, and did not obtain. An equally futile request it will be found by the choir of coaxers, from whom we now so sweetly have it. College, and Councillors, and District Society, — the last, so faintly, — all are attuned to the single chant, "Let us alone." Dr. Oliver truly said that they are "looking with disgust" upon a continuance of the righteous discipline which has only just begun, and as for himself, how elegantly the professor quotes from his friend, Mr. Brownell: —

"All I axes is, let me alone." †

* O. W. Holmes, Valedictory Address to the Students of the Bellevue College; N. Y. Medical Journal, April, 1871, p. 439. Dr. H. forgets that he himself stated on a previous page (p. 422), "Nous avons changé tout cela."

† Address, etc., p. 402.

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The following is the official document that is serving for our present text: —

"Boston, April 5, 1871.

"Dear Sir, — At the Annual Meeting of the Suffolk District Medical Society, held at their rooms, Wednesday, April 5th, 1871, it was voted by *thirty-eight* ayes to *thirty-seven* nays, 'not to send delegates to the American Medical Association the present year.'

"Respectfully,

"D. H. Hayden, *Secretary.*

"H. R. Storer, M.D."

And thus it is, that *by one single vote* the profession in Boston have been made to place themselves outside the pale of recognition by their brethren throughout the country. Sharp and hot was the discussion, specious and false the arguments, or rather the excuses, of the Councillors; white the feathers and pliant the knees of many who, in their hearts, were cursing their own pusillanimity and lamenting that they did not dare to avail themselves of the fresh opportunity to break, once and for all, the chains of their bondage. That act, however, they have only a little while deferred.

Meanwhile, the Right has not lost, but gained. A well-contested defeat is often very much better than an easy victory. The party of the past have learned, as never before, that the party of the future are already nearly, if not quite, their match. The timorous and those on the fence are already preparing to cross their Rubicon; those already over pronounce it but a dry and shallow ditch after all.

But what shall we say of those old "masters" of ours, whom we have chosen to remind of their true relation? Let men judge for themselves. A bluff,

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hearty man, who, like Dr. Charles Homans, confesses that the Councillors, instead of "advising," as Dr. Ayer would have made those at last holding the rod believe, in reality "directed" the district societies to refrain from appointing delegates to California, by his very manliness commands our respect. We can hardly say this of the would-be Calhoun, — how vast the gulf between! — who claimed that "Massachusetts should no more allow herself to be governed by the American Medical Association than by the Medical Society of the pettiest State, Rhode Island for instance." "If she chooses," continued the Councillor, "to violate the Code of Ethics, and to tolerate irregular practitioners as Fellows of the State Medical Society, she will not allow herself to be disciplined therefor." The faint applause that followed, must have been music to this one's soul, suggesting as it must have done, the scorn and derision that will be meted to him by every American physician who has the best interests of the profession at heart. Is it inquired who this recreant is? Ask Dr. Henry W. Williams, President of the American Ophthalmological Association, and one of the four Boston physicians who tried to kill the American Medical Association in 1865. If he refuse to answer, then ask us.

The Boston Medical College, like the City Hospital, has just had its commemorative volume. Through the kindness of a friend — for both the author and his Faculty have neglected to favor us with a copy — we have been enabled to examine the "Descriptive Catalogue of the Warren Anatomical Museum of Harvard University,"* prepared by Prof. J. B. S. Jackson, the

* Published by A. Williams & Co., Boston, 1870.

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curator. By all pathological anatomists, Dr. Jackson is known as an enthusiastic collector, and the most faithful of historians. That as yet his long life of labor has resulted in the publication of none of those generalizations for which his students have been looking these many years, is to be regretted; and we hope that the pith of the MS. notes which, by this time, have accumulated by reams in his library drawers, may be yet given to the world by the hand that wrote them. Couched as they are, in a peculiar hieroglyph, of which but few could easily manage the key, this labor ought not to be left for his literary executors.

We have carefully looked over Dr. Jackson's "Catalogue," which is more a descriptive treatise. The whole of its seven hundred and fifty pages will repay scrutiny, for they are in every way admirable. The gynæcological chapters, of course, have attracted us the most. The collection is in this department at once rich and poor. Of some conditions and lesions there are duplicate specimens, of others there is only an absence. Recognizing as we do the value of the school to New England, working as we are, in so many ways, for its elevation and advancement, we would cheerfully reprint, unsolicited, this portion of the catalogue, in the hope that, while it might be of importance to gynæcologists in itself, those of our readers who may chance to have specimens of a character to fill the vacant spaces to which we have alluded, might be moved to present them to the college.

We would do this the more willingly, since our publisher informs us that the Faculty, though canvassing for students more desperately than ever before, have repeatedly hesitated to employ the advertising facilities that he has placed at their service. They feared,

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perhaps, that it might be thought that they had come at last to what they will find inevitable.

To render one's traducers a favor is always a pleasure; to do so, in spite of themselves, would be the sweetest revenge.

NEARLY EIGHTEEN MONTHS SINCE, we spoke of what was being quietly done by the Franciscan (Catholic) Sisters towards affording hospital relief for poor persons afflicted with uterine disease, here in Boston. St. Elizabeth's Hospital, at 28 Hanson Street in this city, and St. Francis', on Spring Hill, Somerville, have together a comfortable capacity of fifty beds, and they have been largely resorted to by invalids, not from this immediate neighborhood alone, but from all parts of New England, and even from more distant localities. The unsurpassable situation of St. Francis', as regards all sanitary advantages, has especially fitted it for the safe conduct of surgical cases, and many are the women who have thanked Heaven for giving them the gentle Sisters in their hour of sorest need.

At the time of the establishment of the Franciscans in Boston, several years since, they entrusted the whole of their hospital supervision to one of the editors of this Journal, themselves by hard labor supporting the establishment, and of course deserving all the credit. During the past two years, Dr. Storer has found it impossible to give all the attention to the hospitals that they required, and at the same time properly attend to his private practice. For this reason, and in the belief that it was only right to relinquish to others the opportunities for study that he had so long enjoyed, he requested the Sisters to relieve him of these

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responsibilities, by organizing for the hospitals a regular staff. This was done in November, 1869, Drs. Warner, Bixby, and Sharp being joined to the attendance. Early in the present year it was found necessary to still increase the number of medical attendants, and the staff now stands as follows: —

ST. ELIZABETH'S — ATTENDING PHYSICIANS AND SURGEONS: —.

Doctors L. F. Warner, Hotel Pelham; G. H. Bixby, 64 Boylston Street; S. L. Dutton, 89 Harrison Avenue; J. G. Blake, 95 Harrison Avenue; B. F. Campbell, 115 Meridian Street, East Boston; M. F. Gavin, 11 Broadway, South Boston.

ST. FRANCIS' — ATTENDING PHYSICIANS AND SURGEONS.

Doctors E. H. Weston, East Cambridge; W. W. Dow, Somerville.

CONSULTING PHYSICIANS TO BOTH HOSPITALS.

Doctors D. H. Storer, 182 Boylston Street; W. G. Wheeler, Chelsea.

CONSULTING SURGEONS.

Doctors Winslow Lewis, 2 Boylston Place; H. R. Storer, Hotel Pelham.

All of the above attendants, with but two exceptions, will be recognized as Active Members of the Gynæcological Society. The twin hospitals are slowly, but

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surely, winning their way to the confidence of the community, and many of the bitterest disbelievers in gynæcology a year ago, among Boston physicians, have by personal visit and inspection been convinced that there was far more of philosophy and sound sense in this department than general practitioners have usually dreamed of. We commend St. Elizabeth's and St. Francis' to physicians with stubborn uterine cases. Applications for admission can be made to either of the medical officers, or to the Sister Superior.

WE GLADLY JOIN our brother editors, who are calling attention to the effort upon the part of the Alumni Association of the Medical Department of the University of the City of New York, to issue a complete catalogue of the graduates of that institution, since its foundation. The Secretary of the Committee * is desirous to obtain, at the earliest possible moment, from each of the alumni, his professional record and present address, and, in case of the death of any of them, to be put into communication with his surviving friends. We undoubtedly have readers who can render Dr. Pardee very material service.

* Dr. C. I. Pardee, 72 West Thirty-fifth Street, New York.

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THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. IV.] JUNE, 1871. [No. 6.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

FORTY-SIXTH REGULAR MEETING, NOVEMBER 15, 1870.

THE forty-sixth regular meeting of the Society was held at Hotel Pelham, on Nov. 15, 1870, the President in the chair. Present, Drs. Lewis, Warner, Martin, Weston, Bixby, Wheeler, Blake, Sullivan, Warren, Cutter, and H. R. Storer, and, by invitation, Drs. W. W. Dow, of Somerville, and Carl Both, of Boston.

The records of the last meeting were read and accepted.

The Secretary read letters from Drs. D. McNeill Parker, of Halifax, N. S., R. W. MacDonell, D. C. MacCullum, of Montreal, and J. L. Chandler, of St. Albans, Vt., Honorary Members; Joshua Chamberlain, of Frelighsburg, P. Q., George W. Campbell, of Montreal, James T. Whittaker, of Cincinnati, and S. S. Todd, of Kansas City, Mo., Corresponding Members, severally acknowledging their election to the Society. The following donations to the library were announced:

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from Professor E. R. Peaslee, of New York, his monographs upon Intra-uterine Medication, and Injections into the Peritoneal Cavity, after Ovariotomy.

Dr. Martin exhibited, in behalf of Dr. W. C. B. Fifield, of Dorchester, the following newly devised English instruments and appliances bearing upon gynæcology: —

1. A winged flexible catheter, with erectile rubber spurs for securing its retention within the bladder.

2. Elastic metallic tubing for drainage, the spiral thread of which facilitated its introduction.

3. Reeve's tubal of tent laminaria for urethral stricture, to be introduced upon a metallic bougie.

4. Probe directors for rectal fistulæ.

5. Pneumatic aspirator, or exhausting needle, for exploring and evacuating fluid collections, as of pus, serum, etc.

6. Adhesive plaster, from Mr. Maws, of London, far superior in many respects to anything manufactured in this country.

Dr. Cutter exhibited a second form of vaginometer, invented by himself, for facilitating the fitting of vaginal pessaries, and read an addition to his former paper upon Vaginometry.

[Dr. Cutter's paper was published in this Journal for March, 1871.]

Dr. Storer exhibited a specimen of "Flour of Bran," * that he had found of benefit in the treatment of diabetic patients.

Dr. Wheeler recalled attention to the ovarian cysts presented by him at the last meeting, in reference to their bearing upon

* Manufactured by J. W. Shedden, of New York City.

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THE QUESTION OF COMPLETING AN OPERATION IN CASES OF DOUBT.

He did so at Dr. Storer's request, the case seeming to present very important points that were not then referred to.

The patient, from whom the specimens were taken, was aged seventy-two, and she had enjoyed good health until some two months since; she was then severely shaken by the horse-car in which she was riding being thrown from the track. She had not noticed the abdominal enlargement until attention was drawn to it by Dr. Wheeler, when called at this time to treat the acute symptoms that occurred immediately after the accident. There was now present enlargement with fluctuation and dulness at the central region, with resonance at each flank.

No fluctuation by vagina, or fixation of the pelvic viscera. There was continuous pain after the injury; though without constitutional disturbance, this seemed to indicate something more than an ordinary ovarian tumor. Dr. Wm. H. Thorndike now saw the patient in consultation with Dr. Wheeler; the patient expressing herself as anxious for the radical operation, and not consenting to paracentesis alone. Dr. H. R. Storer was subsequently requested to meet the gentlemen, Dr. Poole, of Chelsea, and Dr. Sullivan being also present. The opinion that it was ovarian was coincided in, and the belief that the case was very materially complicated with something that might contra-indicate the completion of the operation, was shared by all.

An exploratory incision was now made by Dr. Wheeler. The cyst wall presenting was found to be of extreme tenuity, and it ruptured during the slight

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pressure made upon it by the back of the director, while prolonging the incision. A fluid of the consistence and appearance of lemon syrup now escaped, and the small intestine was with great difficulty retained within the abdominal cavity, the hands of two assistants being required for the purpose. Small and very fine nodulations were found in abundance upon the omentum, mesentery, and intestinal walls; while deep in the pelvis, upon the right side, was found a hard and apparently immovable massing together of viscera, seemingly disconnected from the ovarian cyst, and tending therefore to increase the suspicion, heightened already by the existence of the intestinal nodulations, of malignant disease. It was accordingly decided best, after consultation together by the gentlemen present, to close the wound without further interference, in view more particularly of the patient's advanced age. Death occurred upon the fourth day, from exhaustion. At the autopsy, the nodulations proved to have been from calcareous degeneration of the intestinal glands. Malignant disease was not present. These facts went to show how difficult it was at times, even with the hand within the abdominal cavity, to make a perfect differential diagnosis.

Dr. Storer considered it of much importance to put cases of the character of that now reported by Dr. Wheeler, upon record. He had frequently mentioned to the Society the difficulties of an accurate diagnosis of abdominal tumors. These difficulties did not always disappear upon opening the abdominal cavity. Dr. Wheeler's case resembled in many respects one previously reported to the Society by that gentleman,* which he had seen with him in consultation, when upon

*See this Journal, July, 1869, p. 26.

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exploratory section, malignant disease of all the pelvic viscera was found to exist, and it could not have been removed without extirpating the whole pelvis itself. He was coming more and more, every year, to the opinnion never to be governed by appearances merely, no matter how positive these might seem. Exploratory sections in a hundred cases would hardly reveal two in which all the conditions were precisely alike. He was inclined, as a general rule, to advise the completion of an operation, if once begun, as in the end less hazardous than a discontinuance. As yet, however, he was not prepared to apply this rule as decidedly to uterine outgrowths as to ovarian cysts.

Dr. Sullivan exhibited a large

FIBRO-CELLULAR LABIAL TUMOR,

removed by Dr. Storer since the last meeting of the

Society, a photograph of the tumor in situ having then been shown. Its appearance previous to removal was

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there well shown;* the accompanying cut exhibits appearance after extirpation.

The history of the case was as follows: —

Mrs. ———, American, age forty-nine, the mother of three children, had never miscarried; catamenia regular; general health quite good. Nearly twenty years ago she discovered a small, firm, not painful swelling or tumor of the right labium majus, attached by a slender, distinct pedicle. This tumor occasioned no inconvenience and increased only very slowly for fifteen years. During the last five years its growth had been rapid. It now resembled an enormously hypertrophied scrotum, descending, when the patient is in the erect posture, nearly to her knees, and requiring a suspensory bandage to relieve the suffering caused by its weight. Its surface, like that of the scrotum, was traversed by numerous large veins. It was somewhat irregular in outline, nodulated, and apparently fibrous in character. Its removal having been decided upon, the patient was brought under the influence of chloroform, and, in order to settle the diagnosis, an exploratory incision made by Dr. Storer upon the body of the tumor, which proved to be extremely vascular. The incision gave rise to considerable hemorrhage, from the wounding of large, deep-seated veins resembling the uterine sinuses. It being found impossible to control the hemorrhage by ligaturing these extraordinarily dilated vessels, the wound was stuffed with sponge soaked in solution of persulphate of iron. The pedicle was then separated by an incision parallel with its long axis, into two nearly equal portions, one of which was secured by Dr. Storer's clamp-shield, and the other by the ordinary ovoriatomy clamp. The tumor was then cut off

*A wood-cut of this tumor before removal was published in the last number of the Journal.

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below the clamps. The pedicle was chiefly composed of a congeries of veins and arteries. Some of the latter were of unusual size; one was observed fully as large as the femoral. There was some hemorrhage oozing after the ablation of the tumor, upon the side upon which the ovarian clamp was situated, and it was thought best to apply the actual cautery rather than to disturb the clamp-shield upon the other side by endeavoring to tighten it. The patient rallied in a short time from the combined effects of the operation and the anæsthetic. Soon afterwards she vomited; thereupon profuse hemorrhage set in, requiring the repetition of the cautery conjoined with acu-pressure.

This, however, was the only untoward circumstance which followed the operation, except some tumefaction of the parts in the neighborhood of the wound,—which yielded to the local application of iodine,—and the supervention on the fifth day of a severe attack of wind colic. The clamps were removed on the sixteenth inst., one week after the operation, and on the twenty-fourth, the sloughs had entirely separated, leaving a perfectly healthy, granulating surface, and on the thirtieth, the patient was able to leave her bed, cicatrization being nearly completed.

Owing to the great vascularity of the tumor, the large size of the pedicle, and the possibility that it might contain a portion of the intestine, the operation proved one of unusual difficulty and danger. In fact I have seen, continued Dr. Sullivan, cases of pelvic section, which apparently caused less anxiety to the surgeon and even less risk to the patient. It is gratifying therefore to record the complete success of this exceptionally difficult and very interesting case. The weight of the tumor was four pounds and three quarters.

Dr. Storer called attention to the very great differ-

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ence between the disease now exhibited and ordinary elephantiasis of the labium, which at times attains so enormous a size. He had never before seen a labial fibroid of anything like the size of that now exhibited.

The Secretary read, on behalf of Dr. Both, whose views concerning the original causation and character of pulmonary tuberculosis, it would be recollected, had been referred by the Society to a special Committee, a communication upon

THE ULTIMATE PATHOLOGY AND CLASSIFICATION OF THE VARIOUS TYPES OF PULMONARY DISEASE.

[Dr. Both's paper is published in the Journal of this Society for the present month.]

Dr. Blake inquired if Dr. Both considered true pulmonary tuberculosis, in any stage whatsoever, to be curable.

Dr. Both replied that he did, provided none of the lung tissue had been destroyed. He believed that it was possible to induce a degeneration of tubercle into calcification, and that it could there remain indefinitely without occasioning further irritation. At the time that he first brought forward his views here in Boston, many years ago, before the Suffolk District Medical Society, he had but an imperfect knowledge of the English language, and, as he was refused the use of a blackboard, he did not succeed in making himself understood. At the present moment, Cohnheim, of Berlin, was claiming as his own, what Dr. Both had first demonstrated as long ago as 1857, while making researches into the comparative anatomy of the filum terminale of the spinal cord, under the direction of Dr. Stilling, at Cassel. Cohnheim, however, asserted that the blood-cells which degenerate into tubercle, escape from the capillaries

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through stomata, while Dr. Both considered it was by thinning of the coat of the vessel by over-distention, resulting in rupture, and consequent escape. The question was still an open one. He thought that the condition termed "budding" by Cohnheim was merely a dilatation of the obstructed capillary, surrounded by a mesh of connective tissue. He had repeatedly studied this in the web of the frog's foot, and the lung of water nymphs.

Dr. Blake referred to a late statement by Virchow, that tuberculosis was never curable.

Dr. Both explained that this was because of a misuse of the term, applying it only to acute miliary tuberculosis, whereas what Dr. B. spoke of, was that process which commenced only in the upper portion of the lungs. He considered the reason why it was thus confined to the apices, was from collapse of the alveoles.

Dr. Wheeler asked how it was with tuberculosis of the kidneys, meninges of the brain, etc.

Dr. Both thought that in such cases the formation was always secondary. Virchow had shown that newborn children never exhibited tuberculosis. Waldenburg had lately called attention to this fact, which Dr. B. had demonstrated here ten years ago, and was then laughed at.

Dr. Wheeler desired to know, provided calcification were successfully induced, if the patient were then to be considered safe.

Dr. Both thought that such was the case. He had repeatedly seen this result produced in practice, and the patients, previously in a condition that was apparently hopeless, were now able to pursue their old avocations. A similar change had been effected in animals, by experimenters with different kinds of food.

Dr. Storer called attention to the fact that the Com-

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mittee appointed by the Society many months since to investigate the views of Dr. Both, had as yet failed to report. In justice to Dr. B. he would suggest the propriety of committing the subject to a new Committee.

Dr. Bixby, the Chairman of the Committee referred to, explained he had vainly endeavored to get his colleagues together for this investigation. One of them, however, Dr. Warner, had been very much occupied, and as for himself, he had studied Dr. Both's views sufficiently to become very much interested in them.

The President appointed a new Committee, composed of the following gentlemen, — Drs. Bixby, Warner, Blake, Wheeler, and Martin.

Dr. Storer communicated to the Society from Dr. Walter James Henry, of Ottawa, Ontario, a Corresponding Member, the result of an operation performed upon a patient whom Dr. S. had lately seen with Dr. Henry, in consultation; it having been one of

REMOVAL OF A LARGE UTERINE FIBRO-CYST DURING PREGNANCY.

"I write according to promise to give you the history of the operation on Mrs. Young. It was performed on Saturday, the twenty-ninth of October. Drs. Grant and Sweetland were present, and Dr. Hill came in just as it was finished.

"On dividing the tissues, which were very much thinned, by an incision four inches in length, I found after I reached and cut through the peritoneum, a dark-looking mass bulge into the wound. It was very like an ovarian cyst in color, but to the feel it gave one the idea of deep-seated fluctuation, with very thick walls. I passed my hand in and separated adhesions above

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and below as far as I could, and a trocar was then plunged into the tumor. The patient being turned on her side, a quantity of thin, serous fluid ran out, but after a time it flowed very slowly, and appeared to make very little difference in the size of the tumor. By freely enlarging the incision a good distance above the umbilicus, an enormous tumor, with very firm omental adhesions, was lifted out en masse, and was found connected with the anterior face of the fundus uteri. The uterus was much enlarged, and the pedicle (if I may use the word), or at least the mode of attachment to the uterus, was by a thick, fleshy band, so broad that your clamp-shield was two inches too short. The omental attachments were separated after carbolized catgut ligatures had been applied, and the connection to the uterus tied in three places with the catgut and then cut through. One small artery sprang, after cutting through the band, and this was ligatured with fine carbolized catgut.

"The tumor was then removed, and the extensive abdominal incision brought together with silver sutures, and Lister's carbolic acid oil applied, as directed by him.

"After consciousness returned, my poor patient was lifted to her bed; but the pulse, which during the operation had been good, began to flag, and great weakness and pain in the back were complained of. A small quantity of brandy and laudanum was given by the rectum, and the brandy was afterwards increased; but in spite of all I could do, the pulse became more and more feeble, the extremities cold, and two hours and a half after the operation she died. A post-mortem examination revealed the presence of a fœtus of four months in the uterus.

"The case, though a melancholy one, has been most

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instructive to me. I ought to mention that the tumor weighed sixteen pounds, and was fibro-cystic in its character, with one cavity in it filled with caseous matter and puriform debris."

Dr. Storer remarked that the course pursued by Dr. Henry had been decided upon after much and earnest deliberation. It had been thought impossible by them both, that a viable fœtus could escape past the tumor, and to have induced abortion under the circumstances would probably have been attended by uncontrollable flooding, as any equable contraction of the distorted womb seemed out of the question. The operation had been performed, as nearly as could be, in one of the intermenstrual periods, as giving the patient a better chance of recovery. The real choice was between removal of the fibro-cyst alone, and that of the uterus also. Had pregnancy been absent, and an operation determined upon, it would probably have been the latter of these alternatives.

As it was, it had hardly seemed proper, in view of the fact that so severe operations have sometimes been performed upon pregnant women, with recovery. His own belief, from a careful study of the patient with Dr. Henry, at Ottawa, was that the measure pursued was the one that was really indicated. Had nothing whatever been done, the patient could certainly not have survived.

The Secretary presented, on behalf of Dr. Nathan Mayer, Surgeon-General of Connecticut, and a Corresponding Member, a communication relative to

THE COMPARATIVE FREQUENCY IN AMERICA OF VENEREAL DISEASE.

The English Minister at Washington, in behalf of

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the Lords of Her Majesty's Privy Council, had brought the matter, by circular, to the notice of the Executives of the several States; the request for information being made with reference to an extension of the "Contagious Diseases Act of 1866," to the civil population of Great Britain.

The President, Dr. Lewis, was of opinion that "the numerical proportion in which venereal diseases stand to all other sorts of disease among patients in private practice, and among the sick poor in hospitals, town-houses, and dispensaries," was in this portion of the country at least much less than appeared to be the case in Great Britain. He was convinced, from extended observation of all the classes mentioned in the circular of the Lords of the Privy Council, that this was the fact, and he did not believe that it was owing to any preponderance of morality upon this side of the water.

Dr. Storer had for many years been struck by the comparative rarity of syphilitic disease among the population of New England, and this, although from its great extent of seaboard, it offered a thousand inlets for the importation of the disease by sailors and immigrants.

Dr. Warren inquired whether it were true, as was now being alleged by them, that the Councillors of the Massachusetts Medical Society had, by the wording of their late attack upon the Society through its representatives, Drs. Storer and Sullivan, in reality escaped the charge of having passed a vote of censure. He did not wish to seem afraid to meet any question fairly in which the honor of the Society was involved, and he asked merely that he might understand the exact position of affairs.

Dr. Martin, from the Committee appointed with reference to the matter, explained that, not merely had the

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Councillors by their vote implied a censure, but they had inflicted it. They had used similar language on former occasions, for a similar purpose, and had never till now shown a desire to eat their own words. The truth was, that they were finding that they had gone too far, and were endeavoring, in this underhanded way, to retrace their steps. There could be no doubt whatsoever concerning the facts in the case.

Dr. Warren rejoined that he was satisfied that the case was as stated by Dr. Martin. Under the circumstances, the Society had no other alternative than to expose the improper course pursued by the Councillors. As the facts became known, the Society would be sure of the support of the profession.

Adjourned.

FORTY-SEVENTH REGULAR MEETING, DEC. 6, 1870.

The forty-seventh regular meeting of the Society was held on the evening of December 6th, 1870, at Hotel Pelham, the President in the Chair. Present, Drs. Lewis, Wheeler, Perkins, Warner, Sullivan, Warren, Cutter, Bixby, Weston, Blake, and H. R. Storer; and, by invitation, Drs. Frank A. Ramsey, of Memphis, Tenn., Edward L. Warner, of Cleveland, Ohio, Albert Day, of Greenwood, Mass., S. P. Holbrook, of East Douglas, James Dunlap, of Northampton, and Carl Both, of Boston.

The records of the last meeting were read and accepted.

The Secretary read letters, in acknowledgment of their election to the Society, from Dr. Charles Tupper, of Halifax, N. S., President of the Privy Council of

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the Dominion of Canada, Honorary Member, and from Drs. John Lambert, Salem, N. Y., and Ely McClellan, Fort Garland, Colorado Territory, Corresponding Members. He also presented a communication from the President of the Society, Dr. Winslow Lewis, requesting to be allowed to decline being a candidate for re-election to that office, at the approaching annual meeting. It was voted, after remarks appreciative of Dr. Lewis' valuable services had been made by several members, to indefinitely postpone the consideration of his communication.

The following donations to the library were announced: from Dr. Joseph G. Richardson, of Philadelphia, his monograph upon The Cellular Structure of the Red Blood Corpuscle; from Prof. Lewis A. Sayre, of New York, a paper upon Partial Paralysis from Reflex Irritation; from Dr. Nathan Allen, of Lowell, one upon The Physiological Laws of Human Increase; from Prof. Edward S. Dunster, of New York, upon The Relations of the Medical Profession to Modern Education; and from Dr. Albert Day, of Greenwood, Mass., upon Inebriate Asylums, as they relate to questions of Social and Political Economy.

Dr. Cutter exhibited his new method of the

ATTACHMENT OF SPONGE TO METALLIC BOUGIES.

In the ordinary process of soldering, the union obtained is very imperfect. By the present method, the bougie is heated in the flame of a candle or gas-jet, applied to a stick of the ordinary red sealing-wax, and then to the bit of sponge, after which it is allowed to cool. The sponge can then be trimmed into any desired shape, as for applications to the uterine cavity, etc. The attachment effected is both perfect and permanent.

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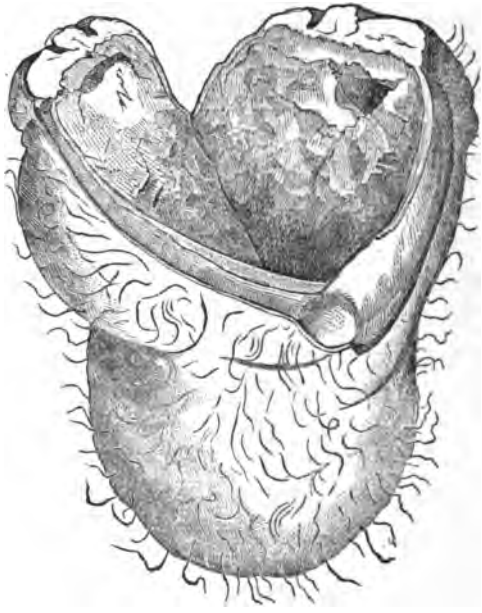
Dr. Warren inquired if the sponge did not often become detached if the weather was very cold. He should suppose that when the sealing-wax was exposed to the chance of freezing, it would be liable to fracture. Physicians, in going from house to house in winter, might, he thought, find this an insuperable difficulty.

Dr. Cutter had only employed the wax in the ordinary domestic temperature. New attachments of the sponge could easily be made, if necessary, for each individual case.

Dr. Sullivan exhibited a photograph of a section of the large labial tumor removed by Dr. Storer, which



had been presented at the last meeting of the Society. Under the microscope it proved to be distinctly fibroid.

Dr. Ramsey stated, in answer to a question by Dr.

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Storer, that in his practice at the South he had seen solid labial tumors more frequently in the black race than in the white. In this enumeration, he did not include instances of labial cyst, or abscess. Thus, in fifteen instances of labial fibroids that he had attended, twelve had been in the black, and but three in the white. He had never seen a specimen at all approximating in size to that removed by Dr. Storer.

Dr. Wheeler asked of Dr. Ramsey what had been his experience as to

THE COMPARATIVE OCCURRENCE OF FIBROID DEPOSITS IN THE BLACK RACE,

in other parts of the body.

Dr. Ramsey could not speak confidently upon this point. He had been present at the removal of the fibrous uterus from a colored patient, by Dr. Baker, of Knoxville, referred to by Dr. Curtis, of that city, at a late meeting of the Society.* Lately, just before leaving Memphis for his present visit North, he had been present at an operation, by Dr. Avent, for the removal of an intra-uterine fibroid, of seven years' standing. The uterus was enlarged to the size of the full term of gestation; partial inversion was present, as its whole internal surface was occupied by the base of the tumor. Its attachment was broken down by the hand, and the mass subsequently exhibited to the Clinical Society of Memphis. The patient died, four hours subsequently to the operation, from exhaustion.

Dr. Warren exhibited an intra-uterine polypus, the size of a cranberry, removed by his canula-ecraseur. The attachment was to the fundus uteri, and there had been flowing for several years.

* See this Journal, April, 1871.

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Dr. Sullivan exhibited a similar specimen, removed since the last meeting by Dr. Storer. Here also there had been hemorrhage for many years, the patient having become very anæmic in consequence. She had received general treatment from several physicians, not one of whom had suggested the propriety of an examination. The removal was effected by torsion, in the presence of Dr. Dunlap, of Northampton.

Dr. Ramsey had found small polypi, from the size of a pea to that of a marble, very common at the South. He had seen perhaps twenty cases of the kind within the past five years. The affection was most frequent, he thought, between the ages of thirty and thirty-five, and in those who had borne no children for several years. The os uteri in these cases was almost always dilatable.

Dr. Warren was very glad to hear the last remark made by Dr. Ramsey, as he himself had been told, when exhibiting his canula-ecraseur, at a previous meeting, that the os uteri was generally not dilatable, under the circumstances referred to.

Dr. Cutter inquired if this softening down of the os where a polypus existed, was not due to hemorrhage.

Dr. Storer considered that the condition should rather be termed dilation than softening, and that in many instances it was mechanically due to the passage of clots.

Dr. Cutter asked, if this were the case, for an explanation of the pains so often accompanying polypi.

Dr. Storer replied that much depended upon whether the polypus were within the uterine cavity or that of the cervix. In many cases the pains were during the expulsion of clots, a reflex spasmodic action of the inner sphincter, or of the uterine walls.

Dr. Warner thought that uterine contractions, and

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also dilation of the os uteri, were often set up by the mere presence of the polypus, it acting as a foreign body.

Dr. Warren stated that if this were the case, we ought for the same reason to find the anal opening dilated and patulous whenever there was a bleeding hemorrhoid, whereas the reverse usually obtained.

Dr. Storer explained that the action of the sphincter ani differed somewhat from that of the sphincter uteri, and that the circumstances attending anal hemorrhoids were in many respects other from those occurring with uterine polypus.

Dr. Cutter remarked that the introduction of the sound often occasioned a perceptible contraction of the uterine sphincter.

Dr. Warner stated that a recurrence of this contractility, after a long loss of response to the stimulus referred to, was one of the best signs of recovery from chronic endometritis; and he alluded to the fact that expulsive efforts of the uterus are occasionally set up upon the introduction into its cavity of any application, whether in itself irritating or bland.

Dr. Cutter thought that any such power of contractility as this, in the absence of the condition of gestation, was not mentioned in the standard gynæcological text-books.

Dr. Warner reminded Dr. C. that pains homologous to those of labor were not infrequent in metrorrhagia accompanied by clots; the womb recognizing them as a foreign substance, and nature endeavoring in this manner to remove them.

Dr. Warner reported a case of

ABSENCE OF THE UTERUS.

He remarked that this was the second case of this

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rare anomaly that he had seen within a very few months, the other having been reported to the Society by Dr. Garratt.*

In the present case the patient was a servant, twenty-four years old. There had been no vicarious catamenial discharge, and she had first consulted Dr. Storer and himself for amenorrhœa. Complete atresia vaginæ being found, she was subsequently etherized for a more thorough exploration. The external organs were normal; the mons veneris and breasts were well developed. Combined touch by a catheter in the bladder and a finger in the rectum giving evidence of no uterus between the two, Dr. Storer ruptured the sphincter ani, with the effect, as in Dr. Garratt's case, of being able to push the anus bodily upwards for some two inches farther than usual, and thus making complete exploration of the whole brim of the pelvis. Not the slightest trace of a uterus was to be discovered.

Dr. Storer recalled to the remembrance of the members that it was to Dr. Warner that the profession were indebted for the suggestion of extending rupture of the anal sphincter to the diagnosis of uterine absence.

Dr. Storer read extracts from a letter from a physician in a neighboring city, Dr. Davis, of Fall River, detailing a recent

DEATH FROM SULPHURIC ETHER,

the anæsthetic being employed during an amputation of the thigh.*

Dr. Both alluded to a similar case, as yet apparently

* See this Journal, September, 1870, p. 181; and October, 1870, p. 230.
† See this Journal, February, 1871.

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unpublished.* It had been asserted to him by one of Prof. Agassiz' assistants, who was in the habit of killing by anæsthetics lower animals, for the purposes of comparative anatomy, that ether was less dangerous to them than chloroform. Dr. Both, however, thought that, just as obtaining in the human species, this apparent difference was owing to the inhalation of chloroform, a more powerful agent than ether, being pushed as rapidly and as carelessly as that.

Dr. Ramsey remarked that chloroform was the agent generally employed at the South, from the fact that it was much more readily transported than ether, occupying a much smaller bulk. He had never known ether to be used at Memphis in a single instance. Chloroform was there used with less apprehension in obstetrical than in surgical practice, one or two deaths having occurred in the latter, while he never knew of any disaster occurring from it in midwifery. The agent should always be given with the patient in the recumbent position. He thought the great difficulty was to decide what might prove a dangerous dose in any given case.

Dr. Wheeler inquired as to what should be considered a proper dose of chloroform in obstetrics, and to what extent the anæsthesia should be carried. He did not understand why there should be such a difference observed in obstetrical as compared with surgical practice, unless it was that a smaller amount was given and a less degree of insensibility required.

Dr. Ramsey would not attempt to account for the fact; he would only repeat that it was as he had stated. He had known the anæsthetic condition during labor, pushed to the complete extent, and kept up for many hours, without any evil effect.

*Still another case of death from sulphuric ether has been lately reported by Dr. Burnham, of Lowell, in the "Boston Medical and Surgical Journal," for December 8, 1870, p. 377. See also this Journal, July, 1870, p. 26; September, 1870, p. 173; and March, 1871, p. 192.

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Dr. Wheeler observed that, in instances of death occurring from chloroform in surgical practice, the amount exhibited has often been very trifling.

Dr. Storer believed that the immunity from danger described by Dr. Ramsey, during the employment of chloroform for obstetric cases, not only existed, but that it could be accounted for. He had endeavored to do this in 1853,* although at the time it had not been attempted even by Simpson.

The Secretary read a communication from Dr. Samuel B. Hunter, of Strong, Me., a Corresponding Member of the Society, upon certain

GYNÆCOLOGICAL ERRORS OF DIAGNOSIS AND TREATMENT.

Dr. Hunter says:—

"I wish to call attention to the treatment of uterine disease by a class of physicians who have never given gynæcology either thought or study, and to illustrate will give three cases, trusting you will not think me a mischief-maker, or anxious to blow my own horn, but to draw, from those of more experience than myself, their ideas of etiquette in such a juncture.

"Case No. I.— Was called October, 1869, to see in consultation Mrs. B.; age seventy years; mother of a large family. Complains of flowing constantly, made much worse by exertion. Consulted a physician who told her she had cancer uteri; she consulted another, then in attendance, who disagreed with No. 1, and commenced to treat her for 'ulcer' of uterus, with funnel speculum and fused nit. silver. Doctor No. 2 exposed the ulcer; abrasion of upper part of vagina, and pos-

* The Employment of Anæsthetics in Childbirth. Boston, A. Williams & Co.

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terior lip of cervix uteri, the os not being in sight, and I doubted if it had been at all by the manner he was conducting the examination. I changed the position, and found by the sound but little enlargement; then, by the aid of the Boston speculum, found the os open enough to admit the tip of finger, the mucous membrane bleeding and fungous. I scraped the interior of neck well with Sims' curette, and applied pure nit. silver, leaving a ball of cotton against the os, wet with watery ext. of opium. November 18th, 1870, more than a year afterwards, I saw the patient, who says she is well, and has not had the least 'show' since my visit. The ulcer healed without treatment!

"Case No. 2.—Was called in November, 1869, to see Miss ——, aged twenty-eight years; with dysmenorrhœa. History by patient and mother, as follows:—An invalid for ten years; was first treated, for about a year, for uterine disease,—'ulceration,'—but was obliged to discontinue treatment, as she could not endure it; represented that she received two visits per month and that pieces of fused nit. silver were pushed into the womb, and that they were allowed to dissolve and come away without injection or anything to save vagina; was then told that she had cancer and must die, but, strange to say, she had improved, with the exception of the dysmenorrhœa, which was increasing. Examination: vagina and cervix uteri one mass of cicatrix; os just large enough to admit Sims' probe; does not bleed by manipulation; uterine secretion natural. Some relief by use of sea-tangle tents, but I admit I am puzzled to know what to do.

"Case No. 3.—Was called in January, 1870, to visit Mrs. C., aged sixty years, mother of six children. Was treated by same physician as case No. 2, and gave the same history of treatment, save she submitted to but a

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few applications. Examination: upper part of vagina and posterior lip of cervix uteri adhered, and os nearly obliterated. Meigs' pessary gave but slight relief."

Dr. Storer remarked that instances of gynæcological blundering and malpractice, like those described by Dr. Hunter, were far from uncommon. He had been consulted in a great many cases where the nitrate of silver, chromic acid, etc., had been carelessly employed, with the effect of producing more or less complete effacement of the cervix by bridles of lymph, and obliteration of the vagina. In these cases the uterus was often rendered immovable, often fixed in a very unnatural position, and extended dissection was required to restore the parts to their normal condition. The improvement, when effected, was at times very difficult to retain, from the tendency to a renewed growth of the cicatricial tissue.

Dr. Warner could say a word upon this question of erroneous diagnosis and malpractice, and he would stigmatize at the same time the dishonorable course not unfrequently pursued by those guilty of such error. At the present moment, so great was the interest evinced in gynæcology, very many general practitioners, utterly ignorant concerning the nicer points of differential diagnosis, and yet unwilling that their patients should consult an expert, were beginning, to an extent never before existing, themselves to dabble in the treatment of uterine disease. A case of the kind had lately occurred, somewhat annoying at the time to himself, but of such general interest that he would report it to the Society.

Mrs. A., of St. Albans, Vt., consulted him at the sea-shore last summer. She had been told by her family attendant, Dr. John Branch, of St. Albans, that she had organic disease of the heart, and was liable to die at any moment. She had accordingly lived in constant

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dread lest any slight exertion might be her last, had resided constantly upon the ground floor, wherever she was, etc., etc. Dr. Warner, upon examination, found that there was no cardiac disease whatsoever, save what was of purely a reflex character, and that there existed extensive uterine abrasion and endometritis, sufficient to account for every symptom that had existed. Being requested to do so, he gave a written opinion to this effect. In a very few days the lady, who was with friends, was summoned home by telegraph, and Dr. Warner subsequently received a most offensive letter from the husband, stating that the recall had been at the instance of Dr. Branch, who, immediately upon the lady's return, had pointed out to Mr. A. by the speculum, that "the internal parts of his wife were perfectly healthy," and had denounced Dr. Warner to the gentleman as a most incompetent person. Things standing thus unpleasantly, Dr. W. had requested Dr. Storer to investigate the matter, during a recent visit to St. Albans, and would request that gentleman to continue, from this point, the report of the case.

Dr. Storer accordingly stated that, satisfied, as he had long been, of Dr. Warner's great skill in pelvic diagnosis, he had demanded that the lady should be inspected by any good and impartial gynæcologist in the State of Vermont, or in New York, or Philadelphia. He had excepted Boston, for very evident reasons. The request appearing a reasonable one, the lady had been examined by Prof. Carpenter, of Burlington, Vt., who had verified Dr. Warner's diagnosis in every particular. It was evident that Dr. Branch had exposed to the husband's view, through the speculum, simply the wall of the vagina, keeping wholly out of sight the os uteri. He did not like to say that this

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procedure had been intentional wholly from malice, and yet it had altogether too much its appearance, under the circumstances. Extreme gynæcological ignorance was the only other alternative.

Dr. Cutter read a communication upon

THE USE OF IODOFORM AS A NEUROTIC.

[Dr. Cutter's paper will be soon published in this Journal.]

The Secretary read a report of cases communicated by Dr. Jacob P. Whittemore, of Haverhill, Mass. The first of them had been seen by himself, at Chester, N. H., many years ago, in 1855 or 1856, in consultation with Dr. W. Some points in the diagnosis of the case at that time had been very obscure.

Dr. Whittemore writes as follows:—

"A post-mortem examination proved the uterus to have been always healthy, but the rectum was, for several inches below the sigmoid flexure of the colon, one complete mass of scirrhosity till within two or three inches of the anus. This patient had suffered much for several years from pains in the uterus, about the loins, down the front and inner aspect of the thighs, with often sudden and profuse hemorrhages from the womb. These symptoms completely marked the case, and led you to diagnose it polypi of the organ, or, rather in it. She had also a disease of the liver, became subsequently ascitic, and at length died from complete exhaustion some two years after our interview with her. In addition to the foregoing statement of the post-mortem, we found the liver extensively diseased; there had been a rupture of the gall-bladder at its union with the liver, or at a point where adhesions had taken place, and gall-stones, as large as medium-sized chestnuts, to

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the number of eight or ten, were found scattered through the organ, and burrowed in its substance at various distances .from their entrance and the surface of the organ.

"I will now give you an account," he continues, "of another affair, which occurred at a more recent date, which proves the folly of patients trusting themselves in the hands of empirics, rather than to unbosom their cases to reliable practitioners.

"COMPLETE PROLAPSE OF THE PREGNANT UTERUS DURING AN ATTEMPT AT CRIMINAL ABORTION.

"Some months since I was called upon at my office, by an elderly lady, who stated that she had a daughter, who had been married two months, and was flowing badly, and had been for six weeks; that she had been treated for the same by three different doctors (naming them), one a homœopath, another a half-and-half practitioner, while the third was a professed charlatan, a regular advertising specialist; that she had derived no benefit from them, and wished me to prescribe for her, but not to visit her. I expressed a belief that there was pregnancy in the case, and that efforts had probably been made by these three men, with their consent, to produce abortion, and declined to have anything to do with the case. But the mother was importunate, said there was no pregnancy, that the doctors had examined her, and there was no such thing, and wished me to give her something to stop the flow, which was rapidly wasting her. I at length gave her some simple thing, which could do no harm, and dismissed her and the case also.

"Three days later I was called at midnight to visit the patient, and upon arrival found she had been exer-

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cised with severe pain, and, to use their language, 'she was better now, but something had come away.' I made an examination, and found the uterus and vagina, or apparently the anterior portion of it, protruding, and lying for six or eight inches, and perhaps ten, below the vulva, adherent in front, with an opening just behind. The examination of the mass thus exposed did not diminish my opinion, expressed to the mother on a former occasion, of pregnancy; and I informed the patient, her husband, and mother, that the case was one of much uncertainty as to the issue; and as she had been the victim of impostors, and as this was undoubtedly the fruit of such imposition, I should do nothing until I had another regular practitioner to advise with me. This was readily agreed to, and one was called, and we were soon in consultation, and it was decided that there was a very extensive prolapse, with pregnancy. We informed the patient and mother, who still firmly disbelieved and denied the charge. We proceeded, however, to return the extruded organ, and in a few moments completely restored the fugitive to its place; but in so doing necessarily let a five months' pregnancy, in the shape of a boy, escape.

"The patient made a good recovery, and, for aught I have heard or seen, enjoys as perfect health as ever."

Dr. Storer considered that one point alluded to by Dr. Whittemore was of very great importance, namely,

THE LIABILITY OF PHYSICIANS TO A FALSE CHARGE OF ABORTION.

Called on, as they often were, to cases where measures to induce criminal abortion had already been taken, honest attendants were sometimes themselves held responsible for the offence. He had known of more than

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one instance where reputations had thus been endangered or attempted to be destroyed.

Dr. Warren had no doubt that this was often the case. He would inquire, in this connection, how likely the passage of the uterine sound in the earlier months would be to produce abortion.

Dr. Storer said that no practitioner of any discretion would ever pass the sound upon a woman whom he had reason to believe to be pregnant. There were cases, however, fortunately few, in which a cervical epistaxis occurred for a few months after impregnation, analogous in some respects to the false menstruation that occasionally occurs after the ovaries have been removed;* and there were others, far more frequent in number, where women intentionally deceived their attendant, in the hopes of thus procuring a miscarriage without apparent blame to themselves. He had had several instances of the kind communicated to him by medical friends. In neither instance, however, would it be urged by any reasonable man that such mishap would be an argument against the use of the sound for proper purposes. There were many, indeed, for which even the most ignorant gynæcologists would acknowledge it to be indispensable.

Dr. Blake believed this to be true. The sound should not be blamed because of its use by careless or incompetent practitioners, or those who had been wilfully deceived by their patients.

Such being the case, continued Dr. Storer, he had been sorry to see that it had been stated at a late meeting of the Obstetrical Society of this city, by its President, Dr. Buckingham, that "the populace seem to have the idea that Simpson's sound *was* designed to

* See this Journal, February, 1871, p. 67; and Dr. A. Reeves Jackson's paper in Chicago Medical Journal for 1870.

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produce abortion."* The use of the italics by Dr. B., in the sentence just quoted, conveyed a curious insinuation, to come from the only exponent of gynæcological science as yet recognized by the only medical college now existing in Massachusetts; inasmuch as no previous reference whatever to the uterine sound seems to have been made at the discussion referred to. The statements would appear to be of the character of another immediately following it, that Dr. B. found it "not at all uncommon to find a Roman Catholic Irish woman who was a strumpet, or who practised intentional abortion." Every member, he thought, of the Gynæcological Society must have noticed directly the reverse. He himself, as a Protestant, had always been forced to acknowledge that the Catholic confessional secured a very much greater comparative proportion of chastity and complete gestations in their women. Especially was this the case with the Irish.

Dr. Lewis, the President of the Society, had observed this fact, all his life, to be true.

Dr. Storer had, moreover, been disgusted by the defence of criminal abortion that had been made on the occasion just referred to, by no less a person than the Professor of Materia Medica in Harvard University, Dr. Edward H. Clarke. "Such views and conduct," said Dr. C., speaking of married women who desired, as the expression goes, "to regulate the size of their families," he considered to be praiseworthy."† And again, "The endeavor to regulate the birth of children, with the object of producing the most perfect offspring, is as commendable in the case of man as in that of the lower animals."‡ "Other gentlemen," the report goes on to say, "concurred in the views" of Dr. Clarke.§ He could only say, for himself, that such an expression of

* Boston Medical and Surgical Journal, December 1st, 1870, p. 359.
† Ibid., p. 350. ‡ Ibid. § Ibid.

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such an opinion could but be productive of an immense amount of moral and physical harm. It might be thought that, as gynæcologists, they should rejoice at such views, for their general adoption would be sure to bring to them a golden harvest, from the increase of uterine disease; but, upon the other hand, as gynæcologists, to whom it were always a higher duty to prevent disease than to cure it, they must regret that such terrible doctrine should be broached from so high a place. Dr. John P. Reynolds had denounced it, like a high-minded, honorable, and Christian physician, upon the spot, and had put the mark of Cain upon this "intelligent modern reformer." *

Dr. Warner bore witness to the noble stand taken by Dr. Reynolds at the Obstetrical Society's meeting. His remarks, as reported, were so appropriate to the occasion, and breathed throughout such a spirit of devout appreciation of the sanctity of human life, that they deserved to be printed in every newspaper of the land. His course in the matter had merited the gratitude of every member of the medical profession. He would therefore move the thanks of the Society to Dr. Reynolds, and he hoped that his example might be very generally followed.

The motion was seconded by Dr. Wheeler, and it was passed unanimously.

The President, Dr. Lewis, considered the matter just under discussion, one of the most important ever brought before the Society. The action it had just taken was extremely creditable to the members, although they had only done their duty. It was a great delight to him to preside over gentlemen who perceived these important issues so clearly, and were not afraid to cast their great influence into the scale for the Right.

* Boston Medical and Surgical Journal, Dec. 1st, 1870, p. 350. See also this Journal, January, 1871, p. 58.

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The Secretary read the following letters from Dr. John B. Brooke, of Reading, Pa., Corresponding Secretary of the late Berks County Medical Society of that State. They were supplementary to one communicated to the Society at a previous meeting, relative to the best means of dissociating from the Berks County Society a noted abortionist.

Under date of August 25th, 1870, Dr. Brooke wrote to the Secretary: * —

"Permit me to return you my warm thanks for the prompt and appropriate note you sent me in reply to mine. I hoped it might assist us in fighting the battle of right against wrong; but I was disappointed. The enemy was too strong for us; so that, although the committee — into whose hands the censors had committed the case, to hear the evidence in full — declared the man guilty unanimously, yet, when I moved to expel him, the majority decided against me, and he was permitted, *most ignominiously* for our Society, to resign. In my address, — for I had been appointed to recite the law points, — I read your note, and quoted you extensively in connection with other good men who have frowned upon this abominable practice. But it was all of no avail; for so bitter was the opposition, that they used every argument, whether right or wrong, just or unjust, to defeat us, and finally wound up their damnable orgy by voting that a man who was found guilty of sustaining and openly practising homœopathy 'should be treated with masterly inactivity.'

"Under these circumstances we scarcely know what to do. To leave the County Society in a body, and thus virtually break it up, — for we have all the officers on our side, — involves, also, the destruction of our City

* See Boston Medical and Surgical Journal, 1870.

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Society which is incorporated, and has connected with it a dispensary and small hospital, which could not be sustained, for a by-law in the latter association requires every member to be connected with the County Society. To remain in it makes us virtually acknowledge the correctness of action in both the cases I have mentioned, whilst to go out *now*, leaves them triumphant. It is very probable, however, that we shall appeal to the State Society, through their censors, who meet here next Tuesday, and if sustained, break up the old organizations and begin de novo, being very careful, of course, who we admit; if, however, they refuse to come to our rescue, we will resign and await events.

"I have hesitated to write you until some line of action had been decided upon; hence the delay in promptly acknowledging your note, and the excellent Journal,* which accompanied it. Believe me, however, that I am none the less grateful for your kindness. I hope that I may soon be able to inform you of the overthrow of the miscreants, who form the bar sinister upon the escutcheon of our societies."

Three months later, Dr. Brooke thus announced the victory of those upholding the code of the American Medical Association. Writing on November 28th, 1870, he says:—

"As Corresponding Secretary of the late Berks County Medical Society, I enclose the minutes of the last meeting for publication in the Boston 'Gynæcological Journal.'

"You already know the cause of the difficulty, that has culminated finally in this act of dissolution. I wrote you that we had failed in expelling the man charged with abortion. To remain in the Society any longer

* "The Abetment of Criminal Abortion by Medical Men." "New York Medical Journal."

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we could not. To resign would have left the organization still complete. So, biding our time, we determined to disband, which we have accomplished *most successfully*, as you will see by the enclosed minutes.

"We have thus set the Anti-Abortion ball in motion in Pennsylvania, and if we can only have a little of your spirit infused into us, I doubt whether it will cease to roll until it has passed over the whole State.

"A new organization, called the Berks County Medical Association, has resulted from the dissolution of the Old."*

Dr. Warren moved, it was seconded, and the resolution was passed, that the thanks of the Society be voted to Dr. H. R. Storer, for having so long labored, at first against every conceivable obstacle, for the exposure and supression of criminal abortion.

Dr. Storer thought it far more fitting that thanks should be given to Dr. Brooke, of Pennsylvania, and his associates of the new Berks County Medical Association, for the example they had set for us here at home. The time might come — it was perhaps not far distant — when the Massachusetts Medical Society, in default of other remedy for notorious abuses that it now tolerated, might have to be reorganized, by disbandment and a surrender of its ancient charter. Phœnix-like, it would then arise from its ashes to a far more glorious future.

Adjourned.

* The minutes enclosed, by Dr. Brooke, of the disbanding of the Old Berks County Medical Society of Pennsylvania, were published in this Journal, for February, 1871.

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A CASE OF TUBERCULAR NEPHRITIS OF BOTH KIDNEYS, RESULTING IN ABSCESS.

By John Lambert, Salem, Washington Co., N.Y., Corresponding Member.

[*Communicated to the Society, and read April* 18, 1871.]

In December, 1861, Mr. J. N. D., of Salem, merchant tailor, aet. thirty-three, married; a native of Vt.; nervous temperament; average weight one hundred and fifteen pounds; habits good; consulted me regarding a painful swelling in the right hypochondrium, and in the region of the right kidney.

He stated that he had had urinary troubles since an attack of scarlatina in early childhood, and that he had suffered, for eight years, from frequent and difficult micturition, accompanied by occasional hematuria, and an abundant "brick-dust" urinary deposit, induced, as he thought, by having retained his urine, from feelings of delicacy, until urination became exceedingly difficult and distressing.

From the history of the case, the symptoms, and a careful examination of the tumor in the loin, I was led to diagnose an abscess of the kidney.

His general health was not greatly impaired; his appetite was good; he continued at his occupation till within two weeks of the opening of the abscess; did not take his bed; was cheerful, and his sufferings were not sufficient to require medication; indeed, my examination of the case was incidental, and I had no opportunity of testing the urine.

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The tumor continued to enlarge outward and downwards until January 11th, 1863, when, fluctuation being distinctly felt, I opened an abscess, which discharged fully three pints of thin purulent matter.

The discharge continued abundant for a few days; he resumed his business in about two weeks, and in eight weeks the discharge had ceased and the opening healed.

From this time onward his health continued apparently as good as usual.

Virility was impaired.

He practised hunting, trouting in our cold mountain streams, camping out, and violent gymnastics.

Urinary sediments were thrown down, quite abundantly at times (the nature of which I had no opportunity of ascertaining); and dysuria was somewhat pronounced, from which he was relieved by the occasional use of gin.

Quantity of urine said to have been nearly or quite normal.

In March, 1870, he began to experience a sense of weight, pain and tenderness in the region of the left loin, with an increase of urinary difficulties; micturition became frequent and painful; and ischuria renalis was evidently a prominent symptom. Walking and riding augmented his sufferings. Hematuria manifested itself, attended by the passage of large blood-clots. Inappetency; general health failing.

April 30th. Examination revealed slight tumefaction, and considerable tenderness of the left kidney on deep pressure. His condition was somewhat improved by the daily application of sedative liniments and sinapisms to the loin, and the employment of tonics and bromide of potash.

The hematuria readily yielded to tannic acid.

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By advice of friends, he visited Saratoga and Middletown, Vt., hoping for beneficial results from a free use of mineral waters; but he returned without improvement.

July 25th. His symptoms were much more markedly pronounced. He was suffering from excruciating pain in the vicinity of the kidney, greatly increased on pressure, and extending down the ureter to the bladder, and to the extremity of the urethra. This latter symptom was exceedingly annoying throughout. There was a distressing sense of weight and dragging in the perineum.

Urine scanty, and voided with urgent frequency and little relief. Loss of appetite was almost total; and nausea and vomiting now became a prominent symptom, and obtained till the end.

Rapid emaciation; insomnia; night-sweats; rigors; pulse considerably accelerated; fever.

He obtained little and unsatisfactory relief from local applications,—from morphia, codeine, chloroform, chloral hydrate, or other remedies employed; in fact, the amount of medicine deemed advisable in his case, or which he could bear, was small.

The tumor in the left hypochondrium, an examination of which very much aggravated his symptoms, was now well defined, and presented a broad convex surface, with a perceptible bulging posteriorly.

From the gravity of the symptoms, and in view of the former history of the case, I was forced to the diagnosis of suppurative disease of the kidney, and to an unfavorable prognosis.

September 25th. The case having become more urgent in all its aspects, the bulging being decidedly more pronounced, and believing that I distinctly felt fluctuation, I proposed to use the exploring trocar, as

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a diagnostic measure, and to evacuate the abscess, should my views be confirmed. To this he would not consent.

On the thirtieth, his urine became cloudy, and, in a few days, a white creamy deposit was observed, which, on examination, proved to be pus. This increased in quantity and consistency until from two to six ounces were discharged daily.

The urine was slightly albuminous. No microscopic examination was had. He could readily distinguish the passage of pus from the kidney by the agonizing, burning pain produced by it along the track of the ureter into the bladder, where cystitis was evidently developed by the presence and decomposition of pus and urine. The odor of this, when voided, was intolerably offensive.

The ropy consistency of the urinary passages gave him no little trouble at times.

He absolutely refused at this time, as at an earlier date, to allow the introduction of a sound or catheter for the purpose of dilating any existing strictures, relieving the bladder of its contents, or washing it out with plain or medicated injections.

Directly on the free passage of pus, per urethra, the tumor in the hypochondrium abated, as did the severer painful symptoms, although great tenderness still existed in the loin and kidney, and there was no improvement in his general condition.

Several times subsequent to the appearance of pus in the urine, an obstruction of it in the ureter was evidenced by an almost entire cessation of its flow, special tenderness in the track of the ureter, increased swelling of the tumor, and an augmentation of all the local symptoms until it again found exit.

The case was seen in consultation, Nov. 20th, by Dr.

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Chas. H. Allen, of this place, who fully concurred in the views taken.

The patient voided during his sickness from sixteen to twenty-eight ounces of urine daily, of a specific gravity of from 1012 to 1020, until within about ten days of death, from which time the quantity passed guttatim, and with great suffering, was from six to ten ounces.

The cerebral indications of the so-called urœmic poisoning, were not manifested until the last three or four weeks of life, and then only in a mild form, resembling the gentle narcotic effects of opium, coma and convulsions being entirely wanting.

He insisted upon rising to urinate, and was able to do so, with slight assistance, till the last effort, five minutes previous to death.

There were no indications of calculi discovered during life.

No general or local dropsy.

We discovered no symptoms of, and careful exploration of the chest did not disclose, pulmonary tuberculosis.

Perfectly conscious, he died without a struggle at four o'clock A. M., Dec. 24.

SECTIO CADAVERIS.

Twelve hours after death. Present and assisting, Dr. E. H. Ware, U. S. Navy, and Dr. Chas. H. Allen.

We found the body greatly emaciated. Rigor mortis moderate.

On opening the abdomen, its walls were found very thin, and contained only a trace of adipose tissue. The viscera appeared in their natural position, except in the left hypochondrium, where they were considera-

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bly displaced by a large tumor, which bulged high up into the abdominal cavity, over which the descending

Left Kidney, Ureter, and small portion of the Bladder.

5¾ inches in length. 4 inches in breadth. 3¾ inches in thickness. Weight, 22 oz.

colon was found lying very much contracted, and adhered for about five inches in extent.

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On examination the tumor was found to be the left kidney greatly enlarged and firmly adherent, the fibrous adhesions of which were so firm that the entire organ required to be dissected out with the scalpel before it could be removed.

It had an elastic or boggy feel, and measured five and three-fourths inches in length, four inches in breadth, three and three-fourths inches in thickness, and weighed twenty-two ounces (being about three times as large as the normal kidney).

On being laid open, its capsule was found very much thickened, being nearly one-fourth inch in thickness at the pelvis, and firmly adhered to the surrounding tissues; but it could easily be detached from the organ, leaving its surface smooth.

The greater portion of the renal tissue, both cortical and medullary, was found to have degenerated into a white cheesy substance, and to contain several large abscesses filled with pus, and opening into the pelvis, while the formation of several other abscesses was indicated by a thick, putty-like deposit, not yet broken down. In one instance this deposit was two inches in length, and one and one-half inch in breadth.

A portion of the renal substance, equal to about one-third of a normal kidney, appeared rather pale, but comparatively healthy.

The pelvis of the kidney was almost completely obliterated; its contracted cavity was filled with the cheesy substance, mingled with pus and urine in a state of incipient decomposition.

The coats of the ureter were much thickened throughout its whole extent, and its canal was very much dilated.

At its termination in the bladder, its lining membrane

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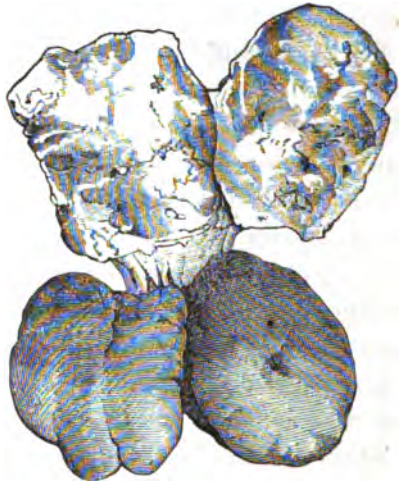
was found ulcerated, and presented a granular appearance for an inch or so in extent.

The right kidney was found in its normal position, but firmly adherent posteriorly, in apposition with a cicatrix, the result of the opening which I made in January, 1863.

Right Kidney.



1¼ inches in diameter Weight, 2¼ oz.

On removing what appeared to be the kidney, it was found to have degenerated into two fibrous bodies (suggesting the idea of two kidneys), loosely connected, each measuring one and a half inch in diameter, and together weighing two and a half ounces.

Their cut surfaces presented a very firm, compact, and shining texture. The capsule was closely adherent to these bodies. The ureter was perfectly occluded.

The bladder contained about six ounces of urine and pus. Its coats were greatly thickened, and its lining membrane was in a condition of extreme ulceration. No calculi were perceptible in either the kidneys or bladder.

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Liver and spleen were found slightly enlarged, but appeared healthy.

The other abdominal viscera were in a normal condition.

No further examination was permitted.

PATHOLOGICAL CHARACTER.

My friend, Dr. Edmund R. Peaslee, writes, March 18th: —

"From the best assistance I can obtain, I judge you are correct in supposing the case, one of nephritis, with tubercular deposit. It is of great interest, and should be laid before the profession."

Through the politeness of Dr. Peaslee, I am furnished with the following pathological report, by Dr. Stephen Rogers, of New York city, upon a small portion of the kidneys sent him; dated March 25th.

"I find that the portion of the large kidney sent shows that it has been invaded by both interstitial and tubular inflammation.

"The result of the latter is seen in the fact that both the tubes and the malphigian bulbs, still recognizable, are stuffed to repletion with exfoliated renal epithelial scales, exudation corpuscles, and a great amount and confused admixture of granular, oily, and imperfectly crystallized material. In many regions, the connective, or intra-tubular tissue is found to present a laminated appearance, and is greatly thickened.

"Judging, therefore, from both the history given, and the condition of this piece of the kidney, it appears to have been the seat of a most destructive *pyelo-nephritis.*

"The portions of the other kidney sent are very firm, indeed almost leathery, and are found to present that condition known as *renal cirrhosis;* that is to say, the

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former fibrous exudation into the intertubular, or interstitial tissue has so contracted as firmly to compass the contents of the tubes and malphigian bulbs, which have been in part removed by degeneration and absorption, leaving great numbers of microscopic cysts and sections of empty tubes.

"The greater part of these fragments of kidney, therefore, consists of the former tube walls, surrounded by laminated and contracted organized lymph, all appearance of healthy kidney structure having disappeared."

While I was in Albany, Dr. Edward R. Hun, very kindly made a microscopic examination of the entire pathological specimens, and has since furnished me the following report, dated April 6th:—

"The *left kidney* presents all the characteristics of fatty degeneration, with destruction of the epithelium lining the tubules. The intertubular connective tissue is infiltrated with a number of small nucleated cells and free nuclei, which are especially abundant in the neighborhood of an abscess. At some points these cells are collected in little masses, forming distinct deposits, and many of these deposits have undergone granular and calcareous degeneration.

"The *right kidney* (that is, the one which appeared to be divided in two) was in a condition of cirrhosis. The tubules had lost their epithelial lining, and were pressed upon, and in a great measure obliterated, by dense fibrous tissue.

"The small cells, which were so abundant in the intertubular spaces of the left kidney, did not appear to exist in the right one. There were, however, a number of granular and some calcareous deposits.

"From the above examination, and the history of the case, I am of the opinion that there was tubercular

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deposit in both kidneys, and that this deposit subsequently softened and resulted in abscess. The abscess in the right kidney became very large, and you opened it. After the operation the walls of the abscess collapsed, and its cavity became obliterated, thus dividing the organ into two parts, and at the same time a chronic inflammation was excited, which resulted in cirrhosis and destroyed the kidney as a secreting organ.

"Thanking you for the opportunity of seeing so interesting a case, the whole of which is so complicated in its nature,

"Very truly yours,

"EDWARD R. HUN."

A CASE OF CONGENITAL ATRESIA VAGINÆ.

BY H. P. STEARNS, HARTFORD, CT.

[*Read before the Society, February* 7, 1871.]

SEPTEMBER 24th, 1870, I was asked to visit Mrs. ——, in consultation with Dr. J. C. Jackson, of Hartford, Conn. She is of medium height, with dark hair and eyes, a very white skin, and a general appearance of delicate health; aged twenty-five years. States that she has menstruated since fifteen years of age, and has been married two years. She has very little discharge at her monthly periods, and it is attended with severe pain, lasting generally seven or eight days. Husband states that intercourse is imperfect, unsatisfactory, and something must be wrong. Examination shows the

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external genitals well developed, the labia and nympha of normal size, and the mons veneris well covered with dark hair. On examination with the finger it was found impossible to penetrate more than one and a half inch, and judging, by the sense of touch, there exists a perfect cul-de-sac of this depth. A bivalve speculum was introduced, and the blades extended so as to put the septum in a tense condition. No opening could be seen except that of the urethra, nor could any be discovered by pressing the uterine sound firmly against all parts of the septum; nor was there any appearance of an accumulation of menstrual fluid, pressing upon any part. It appeared to be perfect except at one point a little posterior to the centre, where, it was stated, a surgeon had attempted to cut through on some former occasion, and, not succeeding, had relinquished the case. This point, however, had entirely healed, and it began to appear doubtful whether the woman really menstruated, as there appeared to exist no means of escape for the fluid from the uterus, provided that was in the usual position. An examination by the rectum showed that the uterus was situated somewhat higher in the pelvis than is usual, and it was of the ordinary size. Pressure on the uterine wall of rectum indicated no unusual condition, except perhaps one less yielding to the finger than is ordinary. Being desirous of knowing where the menstrual discharge made its escape, and also to have a guiding point in case of future operation, as the tissue seemed to be very thick and unyielding, and the distance from the uterus considerable, we decided to wait until the next recurrence of the catamenia, and gave direction that we be informed when this should occur.

October 15th. Upon examination found slight external indications of menstrual discharge. The finger

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could detect no apparent accumulation of fluid at the floor of the cul-de-sac, nor anywhere else. The speculum was introduced, and the blades distended, placing the parts in tense condition as on the former occasion, and the woman directed to bear down as forcibly as possible: while she was so doing a small quantity of fluid was seen to pass out of a very minute opening situated on the anterior portion of the septum, and about one inch posterior to the meatus urinarius. This opening with difficulty received the smallest probe, and an ordinary sized knitting-needle could not be introduced. Using the probe as a director, a sharp-pointed bistoury was used to enlarge this opening enough to receive the point of a stout pair of scissors; little, however, could be done with these, as the membrane was nearly or quite one quarter of an inch in thickness. Enough was done to allow the point of the finger to be introduced slightly, and with this as a director, the opening was enlarged with a scalpel sufficiently to allow it to pass through. Beyond this septum, at the distance of half an inch, another was discovered with an opening on the interior portion, of sufficient size to allow the point of the finger to pass. The first septum was then divided with the knife down to the walls of the vagina, and the second one was so thin that it was easily broken down with the finger, while beyond it still another was discovered with an opening similar to that of the second. This one, however, though quite thin and yielding as compared with the first, could not be broken down by the pressure of the finger, and was freely divided with the knife. Beyond this third septum was the upper portion of the vagina, about one inch in length, and the neck of the uterus normal in size and position, and perfectly healthy. There was no accumulation of fluid

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behind any of the septa, nor was there any considerable hemorrhage at any time during the operation.

The vagina appeared to be somewhat longer than is usual, and the whole distance occupied by the three divisions and the intermediate spaces was about one and a half inch. A tampon was placed in the vagina, an anodyne administered, and the woman left in a comparatively comfortable condition. The tampon was removed the next day, and the passage carefully syringed, and also on subsequent days. She has experienced no unpleasant symptoms, and the husband expresses himself well satisfied with the improved accommodations afforded.

Two points in this case appear to me worthy of remark: First, that three separate and distinct septa existed, instead of one, occupying about one and a half inch, with no obliteration or apparent contraction of the canal; and, second, that she should have menstruated through so minute an opening during so long a period, and with no greater derangement of the general health. Indeed, she states that up to the age of twenty or twenty-one years she had very good health, and since then she has suffered more at her monthly periods, and her general health has become deteriorated, but not to such an extent as to prevent her attention to her ordinary household duties.

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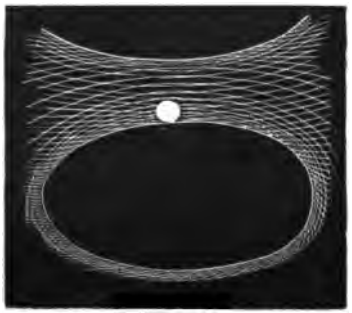
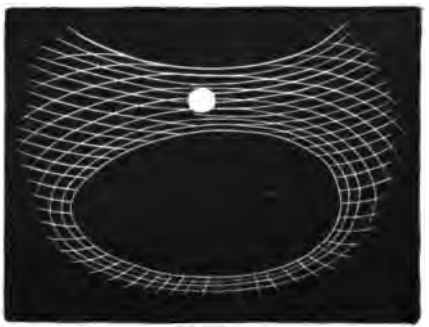


KOELLIKER.



BOTH.

Situation of capillaries in the lungs.

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THE ULTIMATE PATHOLOGY AND CLASSIFICATION OF THE VARIOUS TYPES OF PULMONARY DISEASE.

By Dr. Carl Both.

The minute anatomy of the lungs I accept, as demonstrated by Kœlliker, with the following difference: Kœlliker states that the capillaries lie in the wall of the alveoles, which wall he maintains, consists of connective tissue. This I deny, and maintain that the capillaries lie free in the elastic tissue, entirely independent of the alveoles. The mistake Kœlliker made, originated undoubtedly from the fact that he used alveoles injected with tallow, in consequence of which, the meshes of the elastic tissue representing solid tissue, appeared compressed; while in the state of collapse of the alveoles, the meshes extend, and the capillaries can be seen lying free in the elastic tissue between the alveoles. The importance of this discovery will appear in the mechanism of respiration in a moment.

Physiology is said to demonstrate that the exchange of air in the lungs is affected by the law of diffusion and direct diormosis. I totally deny the correctness of this. The absolute impossibility of such process becomes at once apparent on making a diagram of the parts in question. It will be perceived that the capillaries can touch the alveoles at one point only, and that if direct diffusion takes place, it can occur at this point only, while the other parts of the capillaries and alveoles are entirely lost for action. The pressure of the carbonic acid in the alveoles is already so high, that this alone upsets the above theory (Herrmann); for, according to it, carbonic acid should diffuse into the blood instead of vice versa. Traube advanced the idea of some unknown agent, by the aid of which the exchange

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could be effected. However, nothing positive has been established about the mechanism of respiration. The following is my theory about it: admitting that the venous blood is loaded with the carbon which forms the basis subsequently exhaled, carbonic acid, I deny the existence of *free* carbonic acid in the blood during vitality, under normal circumstances, according to various series of experiments which I have made for this purpose, — being at the same time aware, that by abnormal pressure through introduction of oxygen on hydrogen, heat and other processes, carbonic acid can be eliminated from blood. We know that the capillary vessels throughout the body, partly for nutrition and for purification, etc., allow the serum to penetrate their walls by relaxation of pressure; while, by increase of pressure, this serum is pressed back into the vessels. This pressure consists in the body in atmospheric and muscular pressure, except in the lungs. Here we have no muscular pressure nor solid resistance, as in the cranium, but simply the pressure which is affected by inspiration; and I claim as my discovery, that the nitrogen furnishes in the lungs the necessary pressure, while oxygen alone can penetrate the alveolar walls. This theoretical advance has since been verified by Graham's experiments of filtering air through India-rubber shavings, which proves that we thereby can increase the oxygen to forty per cent., the oxygen being thinner than the nitrogen.

Having demonstrated that the serum alone penetrates the vessels, and the oxygen alone the alveolar walls, we have to find the place for both to meet, without interfering in the least either with the vessels or with the alveoles. The meshes of the elastic tissue furnish this space; at the moment the alveoles collapse by expiration, the serum of the blood, which contains the superfluous carbon, fills the meshes. During the inter-

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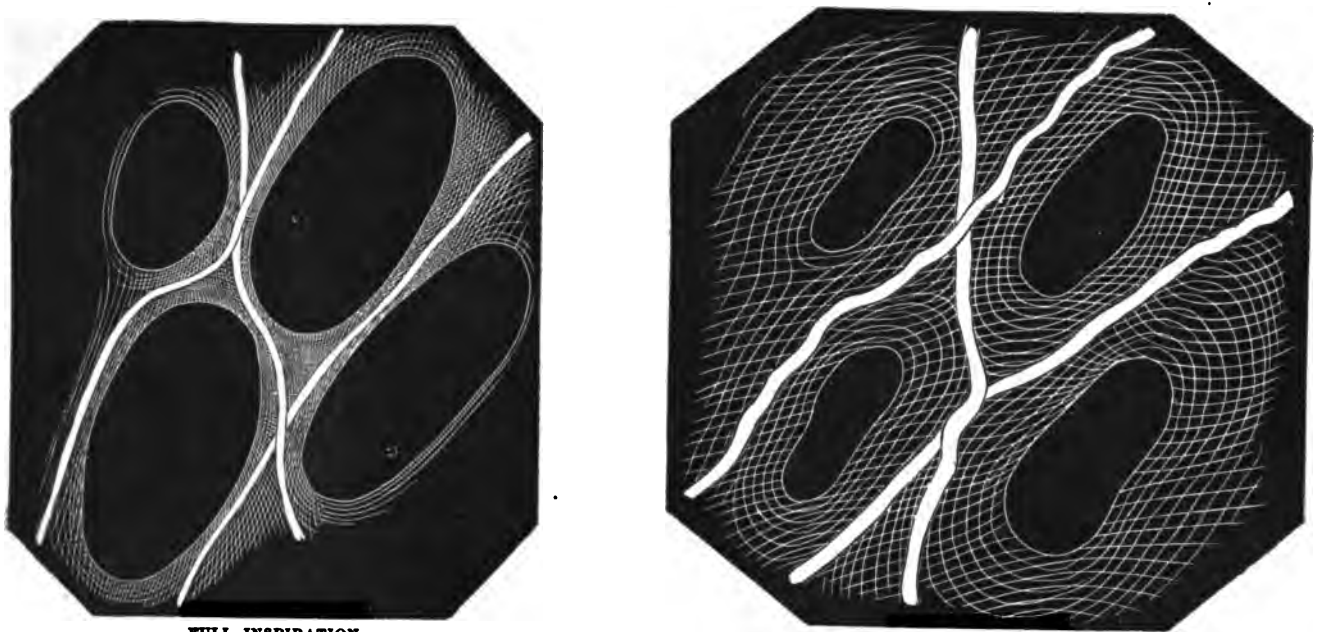

FULL INSPIRATION.

FULL EXPIRATION.

Schematical view of position of capillaries during respiration, after Dr. Both.

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val between ex- and in-spiration, the oxygen is allowed to act freely on the serum,—in beginning inspiration, this oxydation process is more forced, and in full inspiration, through the expansion of the alveoles, the serum, minus carbon and plus oxygen, is pressed back into the vessels, by which action the blood is moved onward. The carbonic acid is pressed back into the alveoles. The nitrogen of the air is consequently as necessary as the oxygen, and, without its aid, the flowing of the blood through the capillaries must become arrested. In a few words I would advance the following points:—

1. That the oxygen alone is capable of penetrating the alveolar wall.

2. That the nitrogen acts as pressing power, resembling muscular pressure in other parts of the body.

3. That the circulation in the capillaries is effected *solely* by respiration.

4. That the chemistry of respiration takes place in the meshes of the elastic tissue. The logical consequence from this is that *the flowing of the blood through the capillaries is arrested as soon as respiration ceases in any part of the lungs.*

Starting with this as a law, I shall demonstrate that it explains all the disorders which are more or less comprised under the name of phthisis pulmonalis.

GENERAL PATHOLOGY.

We know that when and wherever the circulation of the blood in any part of the body is interfered with for any length of time, coagulation and obstruction, as well as enlargement, partly or wholly, of the vessel in question, must ensue as a necessity. Thrombi, varices, embolism, etc., are the names given to these occurrences. Whether this refers to an artery, vein, capillary vessel, or lymphatics, we call it aneurism, varix, capillar-

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ectasis, telangiectasis, etc. The enlargement of a vessel may be complete or partial, this depending upon unequal pressure upon the outer walls of the vessel; or upon obstruction in the vessel itself, or increased pressure of the heart, with disproportion of strength of the vessel, and sufficient rapidity of its discharge; or in consequence of paralysis of the nerves governing the vessel in question, as well as the parts surrounding such vessel. For our purpose here, it suffices to consider the enlargement of the pulmonary capillaries alone, and the consequence thereof.

In case of extraordinary irritation of the heart, this organ pulsates quicker, and sends more blood into the lungs, than under ordinary circumstances. If, in such a case, the respiration should not correspond with such extraordinary action of the heart, congestion of the capillaries would be the direct consequence. The capillaries would become dilated beyond their normal capacity under such conditions. If the extension were not so forcible as to injure the lining of the vessel the result would not prove disastrous; but in case the disproportion of heart-pressure to the contra-pressure of the air in the alveoles rose above a certain limit, the vessel would be dilated to such a degree as to lose its contractility and elasticity. We then would have permanently dilated capillaries; the meshes of the elastic tissue would be filled with serum, which would remain in them until the capillaries had recovered their normal condition. This state constitutes pneumonia in its most primitive form. Should one or several capillaries burst, in consequence of excessive pressure, blood-corpuscles and fibrine would escape into the meshes, and be lodged there. This would constitute actual acute pneumonia. According to the magnitude of this process it would prove of more or less dangerous character, and of

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earlier or later detection. Of very great importance with reference to consequent phthisis are the small lobular pneumoniæ, because they are apt to be overlooked by both patient and physician. In such case the exudation into the meshes can remain permanently. In consequence of gradual degeneration of the escaped blood-cells, capillary bronchitis is induced, which generally gives the first cause for cough, raising of small streaks of blood, etc., and is the first symptom which causes alarm and uneasiness to patients.

As the degeneration of the deposit begins, its chemical conditions become of marked importance in reference to the general condition. If it occurs in a cachectic subject, of the so-called scrofulous habit, the result will be more disastrous, and earlier than it would in an otherwise healthy and normal constituted subject. In the latter case, the exudation would show a tendency to resorption and fatty degeneration; in the first of them to putrid, gangrenous decay, and general blood-poisoning. Various writers, especially Niemeyer, have written excellently upon this process, and it would be unnecessary to dwell upon it here. I would only say that the opinion of Niemeyer, that tuberculosis could occur from a metamorphosis of pneumonic exudation, I not only doubt, but I think that I am able to show the almost absolute impossibility that such occurrence could ever take place. The process to which Niemeyer refers, is probably that of capillary-embolism, in consequence of putrid decay of such masses (acute or galloping phthisis).*

Lobular pneumonia can also occur in consequence of chronic capillary bronchitis; the result of which is, in the first instance, suppression of the respiration in cer-

* See my paper on blood-poisoning, Gynæcological Journal of December, 1869, page 359.

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tain groups of alveoles, causing stagnation of the circulation. This disorder constitutes the bridge to that which I shall designate as tuberculosis pulmonum.

The words tubercle and tuberculosis have been used in so many different senses, and for so many different pathological processes, that I do not attach any special meaning to them at all; but I shall retain the names for convenience' sake, and will define positively the process, the only one, for which I myself use them. For the abnormal cell-formation (Wucherung) of the adventitia of the cerebral capillary arteries, as observed by several pathologists, I should not use the word tubercle, but I should define such process anatomically; nor should I use it in any case of metastasis from other places of degeneration and decay, but would express myself anatomically, using the terms embolism, thrombosis, etc. A great deal of confusion would be avoided by doing so in general.

By tuberculosis, I comprehend that condition which begins in the apices of the lungs only, entirely without any previously existing place of decay; and commences per se, without any previously existing pathological process of any kind. This process, as will be seen, cannot occur in any other part of the body, for anatomical reasons, standing alone as it does and so distinct from any other process that no misconception is possible. The experiment made by Villemin and others on rabbits and guinea-pigs, by injecting pus, sputa, etc., into the circulation, caused embolism, but have no relations to the tubercle formation. The confounding of these two entirely different processes was a great error on the part of the experimenters.

Returning to the anatomy and physiology of the lungs, as demonstrated by myself, I have shown that as soon as respiration ceases for any length of time, the

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flow of the blood through the capillaries must become gradually arrested. No part of the lungs is more rarely used than the apices; and this fact constitutes the reason why tubercules always and invariably begin there. Although the fact of their forming in the apices has been known long ago, no pathologist has explained the reason why, or has come anywhere near to it.

(*To be continued.*)

EDITORIAL NOTES.

VERY INTERESTING in connection with the whole question of the tolerance of profound shock by human life, in its relations to various gynæcological matters, — as the length of time during which aid may reasonably be possible after apparent death from hemorrhage, ether, anæsthesia, and the like, — and its bearing on a certain now world-known medico-legal case that once occurred here in Boston, — will be found the following letter: —

"BLOOMFIELD, STODDARD Co., Mo., March 29, 1871.

"Dr. HORATIO R. STORER: —

"Sir, — In compliance with your request I send you the case of Skaggs, attested by the required evidence.

"J. H. Skaggs, hanged at Bloomfield, Stoddard Co., Mo., August 26th, 1870, was thirty-five years old, of sanguine temperament, five feet ten inches in height, and weighed one hundred and sixty pounds. Prior to the execution, his health was good. The execution

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was public, and witnessed by more than twenty-five hundred persons.

"At twelve minutes after one o'clock P. M. the platform dropped, and the convict fell a distance of more than six feet. The noose was adjusted to the usual place, but at the drop the rope slipped behind the mastoid process. In three minutes all struggling ceased. At the end of four minutes, on examination, I found a distinct fremitus passing over the region of the radial artery, which entirely ceased at the expiration of six and one half minutes. At the end of four minutes more all signs of life had disappeared and the body was blue. I then pronounced him dead, in which opinion Dr. J. F. McDonald coincided. The body was allowed to hang four minutes longer; in all fourteen and one half minutes since the fall. I then suggested its removal, which was at once done.

"The corpse was then taken a distance of nearly fifty yards to a room in the court-house, and placed face upwards on a carpenter's work-bench. The external appearance was unmistakably that of a person dead; the pulse and heart's action entirely ceased. The rope had made a deep impression on the neck, and brought up tumefaction on both sides, which had the appearance of a depression a quarter of an inch in depth. Examination proved that the neck was not broken.

"Dr. McDonald and myself then proceeded to the experiment of resuscitation. Divesting the chest of its covering, and employing artificial respiration for a few minutes, proved of no effect. The poles of a galvanic battery were then placed on the course of the pneumogastric nerves, and strong currents passed into the body at intervals of four seconds; this was soon followed by indications of respiration.

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"The sheriff who had executed Skaggs now interfered and compelled us to suspend our labor ten to fifteen minutes, during which time the favorable indications diminished.

"We then resumed the experiment as before, but were again obliged to desist. At eighteen minutes after two o'clock we again went to work, and in a few minutes the action of the heart and radial pulse were perceptible.

"The epiglottis now became swollen, and the tongue had to be drawn forward with the forceps, to permit free respiration. A few ounces of blood were then taken from the medio-cephalic vein. The dilated pupils contracted slightly, and signs of life were more marked.

"The experiment was again suspended during the succeeding thirty-eight minutes, by reason of the wires of the battery being carried off by the sheriff, excepting a few minutes whilst we passed the current through our arms. After recovering the wires and working a short time, Skaggs swallowed a small quantity of brandy and water.

"At three o'clock and five minutes, slight muscular action was perceptible independent of the battery. The circulation at the extremities was languid, to excite which we employed cayenne pepper and whiskey; sensibility of the cornea appeared.

"At twenty minutes after four o'clock, the body was again rubbed, and the feet became warm. Pulsation in the carotid artery was then perceptible to the eye. Until seven o'clock all signs of life increased, at which time the pupils began to dilate, and indications of life to decline.

"The room was crowded almost to suffocation during the whole experiment.

"I then took between twelve and fifteen ounces of

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dark venous blood from the same vein of the opposite arm, — when the pupils again contracted to nearly their normal size, the pulse assumed a strong and steady action, and the breathing became easier and more regular. He now used the ocular muscles, his eyes following persons around the room. This was most marked at nine o'clock; at which time by the interference of a mountebank the opposition of the populace became so violent that we were obliged to relinquish all further experiment. Skaggs lived until four o'clock the next morning.

"ROBERT J. JACKSON, M.D.

"Attest:
J. F. MCDONALD, M.D.

"I would like to state, that, at the request of C. S. Halsey, of Chicago, I furnished him an account of the experiment, in the publication of which he remarked that, in addition to the means employed, proper remedies had not also been administered. Yet it seems that he is himself in doubt as to what should have been administered, for he says: 'Arnica, or perhaps belladonna, should have been given at first, and when the pupil contracted, opium seemed indicated.'

"Now, in the first place, I know of no way by which medicine can be administered to a dead man, or, at least, a man without an appreciable circulation, — by which it would have the desired effect. It is a fact that we can place it in the stomach, but will it be absorbed? We can also place it in the blood, but it can have no action there except by being appropriated to the use of the system; in fine, the functional actions must go on, or medicine cannot act.

"I wished to answer Mr. Halsey, in his own journal, upon the propriety of administering those drugs in the

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case of Skaggs, and also upon the action of those medicines generally; for which purpose I wrote to him; but he never answered my letter. I expect the reason was, that the "Homœopathic Journal" is too small to publish allopathic principles.

"If you have space, please publish these last remarks. R. J. J."

At the present moment we simply place the above case upon record, reserving certain comments, that we have to make, for another occasion. We may state, however, in reference to the question that was asked in the "New York Medical Gazette," * how it was that Dr. Jackson, a regular physician, could have first reported the case in an irregular journal, that the gentleman has now sufficiently explained his course, and that by the remarks appended to his report he has very plainly defined his professional position.

The "Gazette" goes on to say, truly enough, that "it is, of course, sufficiently evident that the supposed corpse in this instance was simply a patient laboring under asphyxia; but the case is interesting as affording another illustration of how long animation may be suspended without destroying the possibility of resuscitation. It also illustrates a proposition tolerably familiar to medical men, namely, that the penalty of hanging, as usually inflicted, means not sudden death, but comparatively slow torture by strangulation; and, furthermore, it is probable that in many instances death does not really occur; that is, the possibility of reanimation remains until some time after the execution. There can be little doubt that the fall usually adopted in executions is utterly inadequate to cause immediate death.

* Loc. citat. February 11, 1871, p. 145.

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Upon one important point, our brother editor, Dr. Carroll, is in error, as were certain parties here in Boston in the other case to which we have referred. "The sentence of the law is," he says, "that a man be hanged by the neck till he is dead, and if he were proved not to be dead, it would clearly be the sheriff's duty to hang him over again." It would be his duty to do so if the rope had broken before he had been legally pronounced dead, or if signs of life became manifest previous to the performance of this official act.

In Skaggs' case, the sheriff failed to observe this formality, and retained his hold upon the prisoner. In that of Magee, upon the contrary, a living man was formally pronounced dead by a jury of physicians selected by the sheriff to decide this point, and, as a dead man, he was given up for an autopsy. The requirements of the law had all been complied with, and it legally released its hold upon the prisoner. Had McGee been resuscitated, as there is evidence that he might have been, he would have been, in law, whether as a man newly born or not, entitled to his life, and free to repent perhaps of his sins, and become a sober member of society.

In law, whoso takes a life, unofficially, is responsible therefor. It is a physician's first and only duty, whether it be a still-born fœtus, a submerged person, or one otherwise asphyxiated, that is under his hands, to save and not to destroy.

SEVERAL YEARS AGO, in 1864, we suggested to the American Medical Association, that a Board of Consulting Physicians ought to be attached to every insane asylum, to be called upon for advice at the discretion of

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the Medical Superintendent;* and this, we showed, was of especial importance, with reference to a proper understanding and rational treatment of insane women. The resolution to recommend the appointment of such a board was unanimously adopted by the Association, but, for various reasons, it has not as yet been generally carried into effect.

So great a progress, has, however, been made in the agitation of this matter, so many conversions have taken place of asylum superintendents from the views then so extensively entertained by them, that the present seems an appropriate time for again directing the attention of the profession to the subject. The files of this journal bear witness to the frequency and curability of mental diseases in women, and to the intense scientific interest of the questions involved; while the simultaneous publication of the monograph upon reflex insanity by Prof. Mayer, of Berlin,† and the reprint‡ of our own report upon its causation, course, and treatment, rendered to the American Medical Association in 1865,§ are awaking psychiatrists and political economists (for of perfectly calculable value is an effective worker restored to society) to practical issues till now lost sight of.

Few persons are probably aware of the extent of the public provision already made for the seclusion of the insane from their homes for treatment. There are, in reality, no less than-sixty four large hospitals of the kind in active operation in the United States. Through the kindness of Dr. Edward Jarvis, of the Dorchester district of this city, we have been furnished and now print a complete list of the same as existing at the pres-

* Transactions of the American Medical Association, Vol. xv., p. 125.

† See this Journal, May, 1870, p. 290; August, 1870, p. 93; April, 1871, p. 217.

‡ Reflex Insanity in Women. By Dr. H. R. Storer. Boston, Lee & Shepard.

§ Transactions of the American Medical Association, Vol. xvi., p. 123.

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ent date. So far as we are aware, nothing of the kind has been published since Dr. Earle's list in 1863.* It will be interesting not merely upon that account, and as showing the comparative care exercised by the several States with regard to this class of unfortunate patients, but because it also affords evidence as to the professional strength of the specialty.

It is for the great mass of practitioners to decide whether, as stated, at the last annual meeting of the Association of Superindendents, by Dr. Atlee, of Philadelphia, himself in accord with those gentlemen, from being upon the board of management of one of their asylums, it is well for them to keep themselves aloof, almost exclusively so, from connection, by asylum (not collective) representation, with the American Medical Association. Their mouth-piece, the "American Journal of Insanity," is well conducted, but has, we have reason to believe, a comparatively limited circulation among the general profession; their annual meetings are largely attended, and are of great interest, but they are not open to those outside the specialty.

It was in the hope of rendering a mutual support and obtaining a mutual gain, that the National Association, several years since, established its Section of Psychology; more especially for the purpose of bringing superintendents within the fold. But they, from a not unnatural class-feeling, still prefer to keep by themselves; and not merely this, but to hold their annual meeting at another time and place, and thus deprive the general profession of the opportunity at once of learning from their wisdom, and applauding their cures.

The list, to which we have referred, is as follows:—

* U. S. Eighth Census Report. Volume on Population. Washington, 1864, p. xcvii.

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HOSPITALS FOR THE INSANE IN THE UNITED STATES. 1871.

State.	*City or Town.*	*Superintendent.*
Maine	Augusta	Henry M. Harlow.
New Hampshire	Concord	Jesse B. Bancroft.
Vermont	Brattleboro	William H. Rockwell.
Massachusetts	Somerville	John E. Tyler.
"	Worcester	Merrick Bemis.
"	Taunton	William W. Godding.
"	Northampton	Pliny Earle.
"	Boston	Clement A. Walker.
"	Tewksbury Receptacle	J. D. Nichols.
Rhode Island	Providence	John W. Sawyer.
Connecticut	Hartford	John S. Butler.
"	Middletown	Abraham M. Shew.
"	Litchfield [Private]	H. W. Buel.
New York	Bloomingdale [N. Y. City]	David Tilden Brown.
"	New York [City]	Ralph L. Parsons.
"	New York [Immigrants]	George Ford.
"	Utica,	John P. Gray.
"	Poughkeepsie	J. M. Cleaveland.
"	Buffalo	[Sisters of Charity, Catholic.]
"	Ovid	J. B. Chapin.
"	Auburn [Criminal]	Charles E. Von Anden.
"	Flatbush	Edward R. Chapin.
"	Troy [City]	J. D. Loucox.
"	Flushing [Private]	John W. Barstow.
"	Canandaigua [Private]	George Cook and J. B. Chapin.
New Jersey	Trenton	Horace A. Buttolph.
Pennsylvania	Philadelphia	Thomas S. Kirkbride.
"	Philadelphia [City]	D. D. Richardson.
"	Frankford	Joshua H. Worthington.
"	Harrisburgh	John Curwen.
"	Dixmont [near Pittsburgh]	Joseph A. Reed.
"	Danville	
"	Kellyville	Robert A. Given.
Maryland	Baltimore [Maryland Hospital]	W. T. Stewart.
"	Baltimore [Mount Hope]	W. H. Stokes.
"	Catorville [New. Not built.]	
District Columbia	Washington	Charles H. Nichols.
Virginia	Williamsburgh	D. R. Brower.
"	Staunton	Francis T. Stribbling.
West Virginia	Weston	R. Hills.
North Carolina	Raleigh	Eugene Grissom.
South Carolina	Columbia	James W. Parker.
Georgia	Milledgeville	Thomas F. Green.
Alabama	Tuscaloosa	Peter Bryce.
Mississippi	Jackson	Dr. Cabiniss has lately res'd, suc. un'k.
Louisiana	Jackson	Preston Pond.
Texas	Austin	B. Graham.
Tennessee	Nashville	John H. Callender.
Kentucky	Lexington	Dr. Chipley has lately res'd, suc. un'k.
"	Hopkinsville	James Rodman.
Ohio	Columbus	William L. Peck.
"	Newburgh	J. M. Lewis.
"	Dayton	Richard Gundry.
"	Mill Creek [near Cincinnati]	O. M. Langdon.
"	Two others voted by legislation	Location unknown.
Indiana	Indianapolis	Orpheus Everts.

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HOSPITALS FOR THE INSANE, ETC., CONTINUED.

State.	*City or Town.*	*Superintendent.*
Illinois	Jacksonville	H. F. Carriel.
Michigan	Kalamazoo	Edward H. Van Deusen.
Wisconsin	Madison	Alexander S. McDill.
Minnesota	St. Peter	C. K. Bartlett.
Iowa	Mount Pleasant	Mark Ranney.
Missouri	Fulton	C. H. Hughes.
"	St. Louis	J. L. Bauduy.
Kansas	Ossawatomie	C. O. Gauvo.
California	Stockton	S. A. Shurtleff.
Oregon	Portland	J. S. Gilmer.

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THE ADDRESS

DELIVERED AT THE ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL EDITORS, ON MAY 1, 1871, AT SAN FRANCISCO, BY HORATIO ROBINSON STORER, M.D., EDITOR OF THE JOURNAL OF THE GYNÆCOLOGICAL SOCIETY OF BOSTON, AND PRESIDENT OF THE ASSOCIATION.

GENTLEMEN OF THE ASSOCIATION OF AMERICAN MEDICAL EDITORS: —

Coming together from the opposite portions of the Continent, we have met to-night, not merely "to cultivate professional courtesies and to facilitate the conduct and general management of our journals," but, still further to quote the language of our constitution, "to promote their usefulness, and make them a still greater power for professional and popular good," and thereby, most especially, "to advance the interests of Medicine." Such being the purpose and intent of our organization, there can be no topic more appropriate for me to present to you, none more fitting to the time, the place, and all the circumstances of the occasion, than

THE MUTUAL RELATIONS OF THE MEDICAL PROFESSION, ITS PRESS, AND THE COMMUNITY.

These relations are manifold. To consider them all would be impossible in the brief space of an half hour's address. I shall, therefore, endeavor to speak only of the most important of them, and, avoiding all attempt at fine writing, to make my remarks terse, very plain, and thereby, I trust, effective.

I.

The Medical Profession in this country consists of what? To this question a multiplicity of answers present themselves; all of them true to a certain extent, and yet all of them, save one, very degrading to the term's highest idea. Were every physician what he should be, — a thoroughly honest, straightforward man, anxious only for his patients' welfare, laboring for the development of his science, and not alone for gain, liberalized by education, humanized in the highest sense by a constant entering into the sufferings he is compelled to meet, and, above and beyond all else, spiritualized by the recognition that his every success is but a vouchsafement of God's great mercy, and he

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but its humble instrument, — what a different art were medicine, what a different place the world!

Of the seventy thousand or more persons, in the United States, licensed under the Revenue laws to practise medicine, how large a proportion, is it supposed, can be claimed to possess the qualifications just adverted to? Even if we eliminate all who, in default of professional graduation, have no valid title to the name, and all professed empirics, of whatever stripe or hue, — Caucasian, aboriginal, or Chinese; tackers, whether of "path" or "ist" to their names, — there still remains a mighty host, swelled again almost to its original dimensions, if the title is permitted, as in many sections of the country, to dispensing druggists, and still again to that doubtful sex wearing the habiliments of womanhood, but assuming the work and the prerogatives, while it seeks to escape the legal responsibilities, of man. Advisers and conservators of their race, physicians should possess wisdom of the highest character. Too often they but ape the philosopher's bearing, and become, however paradoxical the term, but grave buffoons. Such clownishness is a disgrace to our calling; yet who does not recognize it within the circle of his own personal acquaintance? Not simple pharmacists should we be, mere potterers in the crudest technicalities of chemistry, ever besalving, drenching, or otherwise torturing the poor creatures whose sorest needs are our best harvest; but counsellors, guardians, directors, — whose every aim it is to ward off disease, to keep death at bay, and to prolong to its utmost the brief span we all so dread the ending of.

Even were time to permit, I have no inclination here to speak the truisms that are so stale, as to the pre-eminence of the medical profession, in its scientific interest, the elevation of its work, its opportunities for good; nor would you have the patience to hear me. Our brother Dunster of New York * has well discussed the merits and needs of the three grand callings, of which two preserve and govern men's bodies, while the third saves, if but willing, their souls. They stand side by side; hand in hand it should also be, for their every department overlaps each other, and thus they should be joined indissolubly and forever.

As a graduate in law as well as in medicine, from the twin schools of that dear old University whose foundation goeth back to the time when jurisprudence and the art of healing, those best transplantations of civilization, first were landed on the Atlantic coast, I yet yield for them the palm to that nobler vocation, by whose teachings and minis-

* Editor of the "New York Medical Journal," and Professor of the Diseases of Women, at Brooklyn.

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trations, through God's grace, our yokes here are lightened, and hereafter our best hopes ensured. "Christo et Ecclesiæ." To these did John Harvard dedicate his worthy gift, whose ever-recurring power manifests itself in the skill, the intelligence, and the professional reputation of so large a proportion of American medical practitioners. Do I say that the lawyer and the physician should yield precedence to the priest? Can any one of us who has personally looked within the vail, losing wife or child, or himself sick nigh unto death, do otherwise?

By such recognition of the true sacerdotal functions, confessing our dependence upon that One Supreme, to whose immediate presence with us we owe every so-called cure, we but increase, with our own happiness and self-respect, our esteem by others; for what sceptic even is there who would not sooner trust his life to a devout physician than to an unbeliever? Or what man or woman who can afford in their direst strait to spurn the gentle, loving touch of the All-Healing hand?

"Cant!" do I hear you say? Lips may thus articulate, but not one heart's silent utterance; for, underlying the hardest of natures, there exists, however stubbornly it may keep itself down from sight or even from self-consciousness, a conviction of the utter weakness of the strongest and wisest of us as against His Almighty power, our ignorance as compared with His All-Pervading knowledge, from which alone our little wit, our puny abilities are born, — and, may I not also say, our innate tendencies towards sin, conquered only through His saving mercy?

The physician is to render to his patient of the tenderness and sympathy, care and assistance he has himself received. Let every man see to it that the Fountain is not forgotten, nor impute thereto his own defilement of the precious stream.

Am I saying too much? Rather, my words are too feeble, I trust that you will judge. Then let me reproduce to you, from the nobler language of our Vice-President,* the ring of whose every word is that of coin true to the mint-master's hand. "One thing more," says Dr. Parvin, "you will pardon me — But what am I saying? No, your pardon need not be asked, for declaring that if the physician be truly a religious man, it will add to, not detract from, other qualifications. Religion is not a matter of particular creeds, and forms, and ceremonies, not a shibboleth to be shouted in men's ears, nor a sanctimonious face to be worn for men's eyes; but, as the etymology of the word

* Dr. Theophilus Parvin, one of the editors of the "American Practitioner," and Professor of the Diseases of Women, at Louisville.

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tells, a religation, a re-binding of the soul to its father, God, from whom it has wandered. Only here do destiny and duty blend in a common path; only here does true light shine upon the vexed question, the unwearing riddle of human life, presented to all thoughtful minds, ever recurring from age to age." *

That the ideal I have presented to you is constantly fallen far short of, is no argument against its appropriateness or its possibility. Allowances are to be made for the infirmities of man's nature. Even after there has occurred that newness of heart, so essential to truly holy living, through which a man turns from the world's allurements to a nobler walk and conversation, he will sometimes cast a lingering look behind, such is instinct and the power of former habits of life.

It must not be forgotten, however, that there is nearly as much danger of underrating actual goodness and purity, as of extolling imperfection. Eyes as of a microscope are upon us all, ever quick to detect the slightest flaw. Malfeasance in morality is an easier charge to make against a physician than malpractice in art. For every uttered breath of scandal, ten thousand suspicions exist unspoken, — for mortals are prone to judge each other from what they themselves might do in similar opportunity, and they catch exultingly the faintest whispers of the wind. What gynæcologist is there, for instance, who does not daily pass between walls of fire, liable as he constantly is to be misundertood, misrepresented, by the distempered imaginations his sad duty it is to seek to heal?

That there are uncertainties in medicine, equally as concerns diagnosis, prognosis, and therapeutics, in nowise weakens what I have said of its claim to reverence. These uncertainties, from the very nature of things, must ever exist. Their number, however, and their range are constantly lessening. As the point of vision is raised and the horizon extended, a greater number of lines of shadow appear; but the old ones are constantly growing smaller and less and less distinct.

That the education of physicians is frequently so limited goes far, there can be no doubt, to prevent that general bestowal of confidence which otherwise would be conferred. For this, however, the community partly, as in part ourselves, are to blame. If a second-rate article is all that is sought by the purchaser, he should not complain if it be received. If the medical colleges are content to underbid each other, and year after year to pursue the suicidal warfare, they

* Woman and her Physician. Introductory Lecture at the University of Louisville. 1870.

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should not grieve that their students, become practitioners, so often are starvelings and so frequently do them discredit. This address will have accomplished much if it strengthen the counter-current that has at last been established in the profession against the faulty and false education that so long has held its pernicious own. To elevate the standard of collegiate instruction, to insist on a higher preliminary qualification, to convince students, and the public which is to employ them, that the best education is none too good for those who are ever to stand bewixt life and death, — this is a duty which demands your every effort. From it not one of you should shrink, selfish or afraid.

Professional "intuition" in the treatment of disease is seldom to be found. It is a very different thing from the *vocation* of which I have already spoken, — without a sense of which none should ever assume so sacred a trust. A knowledge of human nature is useful to us, as a matter of course. It no more, however, constitutes a complete preparation for practice than would a knowledge of mechanics, or of inorganic analysis. It is as with houses built upon a rock and upon the sand, — unless early education be well laid and solid, a broad and good foundation, the most elaborate after-structure will prove easily shaken and unsafe. It matters not what, or how many, the apparent exceptions to this rule, for these brilliant self-made men would have shone with far more lustre had they but received the early training of whose lack none are more painfully conscious than themselves. However great is the credit their due, there's always a blur to the gem, and sometimes the very contrast with what might have been, makes this seem the greater. President Eliot, of Harvard University, told but the truth in that now famous paper of his, upon "The New Education." "The term, 'learned profession,'" he said, "is getting to have a sarcastic flavor. Only a very small proportion of lawyers, doctors, and ministers, the country over, are Bachelors of Arts. The degrees of LL. B. and M. D. stand, on the average, for decidedly less culture than the degree of A. B., and it is found quite possible to prepare young men of scanty education to be successful pulpit exhorters in a year or eighteen months. A really learned minister is almost as rare as a logical sermon."* And as for the yearly graduates from our medical schools, "Poor humanity," continues President Eliot, "shudders at the spectacle of so large a crop of such doctors." Who of you will not admit that a really learned physician, in the highest sense, is as rare as, by differentiation, the only possible method, a perfectly

* "Atlantic Monthly," February, 1869, p. 215.

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correct abdominal diagnosis, — which, I am sometimes inclined to say, has never yet been made.

II.

Such being the truth, what of ourselves, — to a certain extent representative members of the profession, — and of the power which we wield, its press? As individuals, we may be very far from the standard our responsibilities demand, — many of us undoubtedly are, — but, in the aggregate, there's a mightiness in this editorial function, that makes of one's chair well-nigh the throne of Jove. Woe to the evil-doers upon whom its bolts chance to descend!

The opportunities and the influence of the Medical Press, its history in this country, and the causes which, thus far, have interfered with its full measure of usefulness, — were all so intelligently discussed by my predecessor,* that I will not weary you by their recapitulation.

A few words, however, may be necessary, in this connection, to render more evident the bearing of what will follow.

As there are many classes of so-called physicians, with but one real and honest distinctive type, — so this expression "Medical Press" may mislead, unless now more strictly defined. Many of you are authors of no mean repute; you have published, out of the stores of your own experience, manuals or text-books in the several departments of medicine, or have laid your contributions, in the form of original memoirs or monographs, upon the lap of our science. Others, of whom the number was formerly far greater, have descended to a lower plane, and, as translators or copyists, have revamped the work of foreigners into our English tongue, — doing it too often, I grieve to say, as veritable pirates, without the slightest concert with the authors themselves, — thus bringing the whole editorial profession into grave disrepute. With neither of these classes have I now to do. Nor, gentlemen, are we here as the representatives of merely an ephemeral literature, fluttering between earth and sky for a brief moment, and then forever dead, nor as the harvesters of an idler's crop, where thistle-down and the seed of tares is far in excess of golden grain; but as the purveyors to the profession of the best fruits of the medical mind; the preservers from oblivion of its choicest discoveries; the directors, and the creators, in all essential matters, of public opinion; the tribunal, indeed, before which

* Dr. N. S. Davis, of Chicago. See "Chicago Medical Examiner," July, 1870, p. 413.

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professional reputations are made or fall. I do not hesitate to repeat this statement, plain though it may seem, for I am firmly convinced of its truth.

In our calling, as in all others, there are strong and positive tendencies, — on the one hand, upwards; on the other, towards deterioration. In the union that we now commemorate, just as there is strength for us all, so will it be found that the purer tendencies to which I have alluded will be intensified, the less worthy ones diminish or be destroyed.

License, for instance, you will not tolerate, even while ensuring a truer freedom. Every leaning towards irregularity in practice, or towards its excuse or encouragement, as one man you will rebuke. Praise of self will find itself merged in an utter forgetfulness of self-contemplation, through the very working for others' good.

A common interest, secured by a common bond, ever exerts the best policery; and true as this will be found of our relations to each other, it equally knits us to the best interests of the profession at large, upon whom we depend, so far, for our daily bread.

We cannot, however, look for perfectness of unanimity regarding minor details, whether of general polity or of individual action; nor would it be desirable, even could such identity be attained. Localized as are our centres of labor and of influence, in such diverse and widely separated fields, there must necessarily be somewhat of a sectional tinge distinguishing us.

So be it we are not provincial, that worst of faults, the quality to which I refer is an advantage; for it makes us the better acquainted, through reciprocal interchange, with a wider range of practice, of observation, and of thought. Different ideals we all have, and yet in reality the same standard. For different ends we are each working, and yet for a common one. Ourselves we are to forget for the sake of the whole; our private aims we are to make subservient to the general improvement. A want of concert in the efforts that we are all making for certain well-recognized and acknowledged results has hitherto been painfully apparent. Henceforth let us be more closely identified with each other. Our constitution and the articles of our association show us what is needed, and the easy way towards its attainment. Shall we not, then, as we advance, press more closely together, each of us feeling the responsive touch of a brother's hand? In a more trusting and profitable exchange of thought, a more cordial support of each other's endeavors, a heartier co-operation in the enforcement of professional reforms, and the correcting of public and private abuses, we shall find our

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reward, and in a more appreciative and grateful material response from our myriad patrons.

In this connection I would say one word concerning the relations that we hold to these patrons, our brethren of the profession itself. We have our work to do for them, and we all of us endeavor to do it well. They encourage us by their contributions to our pages, by kind messages in the letters they write to us, and, to an ever-increasing extent, by the money enclosures therein contained. And yet, though personally I have had every reason to be grateful upon each of the scores I have named, I am sure that you will agree with me when I say, that the medical profession as yet falls far short of its duty towards its Press. Of the great number of practising physicians in the United States, there is good reason to believe that but a comparatively small number subscribe for more than a single medical journal, and that a very, very great many take none at all. This is far from being as it should be. There is no other such means of keeping the busy practitioner afloat with the ever-swelling tide of discovery and improvement in practice, as that which you, the periodical Press, afford. There is no other such solace for his weariness, rest for his busy brain. There are honorable exceptions, it is true, to the remark that I have made. The magazine under my own direction has a subscriber who wrote that the "Gynæcological Journal" was the *thirteenth* medical periodical that regularly came to his table; and this was a hard-working, over-driven physician, in a sparsely settled country district, with no leisure for study, it would seem, than that afforded while in the saddle upon his daily beat; and yet I will venture to say that this gentleman, by this means, kept himself better informed, more completely at a level with the prominent men of the day, than thousands of city practitioners, with greater wealth, more leisure, infinitely more pretensions, and far less liberality towards the members of this association. There is not a physician in this country, I dare affirm, who would not each year obtain his money back again, at compound interest, were he to subscribe for, and read with the most ordinary appreciation, a copy of each of the journals that we represent. One half of the sum that most men throw away at auction sales for stale and musty editions of authors now far behind the age, expended in subscriptions for the medical journals of the day, would not only do much for the continued education of our friends in practice, and keep their minds alive to the improvements in methods of study and treatment, constantly being made; but it would tend, infinitely, towards a greater appreciation of, and respect for, our own native medical writers, who, through the channels of communication

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you offer them, are becoming recognized, as never before, by the profession of foreign lands.

III.

Let us turn now to the relations of our profession and its Press to the community.

There are many persons who look upon their physician as simply their servant, to be paid his wages, and not always when due; at their beck by day and by night; and to be discharged when the whim takes them, as summarily as their horses' groom. There are practitioners, on the other hand, — would that there were more of them! — who, while they look to the public for the means of support, yet believe that the skilled laborer, in such a calling, is in every way worthy of his hire; and, so far from considering themselves as favored by those who call them to set a limb or ward off a convulsion, hold that it is they themselves who confer the boon; and that the arduous and often repulsive labors thus undergone, for others' sake, are not to be balanced by gold. These views conflict, the one with the other. Both are to a certain extent wrong; but I should dishonor my calling did I not hold, as I do most devoutly, irrespective of any esprit de corps, that our own view of the question is by far the more correct one. That it is not universally accepted by the community is not owing so much to a lack of grateful sensibility upon its part, as to a cheapening by physicians of each other, and of themselves. The moment a medical man descends to underbidding or decrying his neighbor, that moment he becomes, to the commonest intelligence, a mere market man, to be haggled with, browbeaten, or taken advantage of himself. Were the provisions of the Code of Ethics of the American Medical Association generally, accepted as they are by members of the profession, even though not as yet connected with that national body, but known and appreciated by the community, our present relations would be very materially changed. It would then be understood, that so far from being merely a system of checks and counter-checks for self-protection, and to preserve the privileges of a guild, the code exists for the safety of the public, to prevent quackery and its reckless tampering with the lives of men; to keep for the sacred art, so far as possible, its character of self-sacrifice; and to ensure, through the physician's own effort, his retaining the intrinsic nature of a gentleman, — refined, and so, fit to deal with exquisite mental and physical derangement, — honorable, and so, to be trusted as the friend in the sorest need. We are not permitted to

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dispense secret medicines, though to do so were a royal road to fortune, neither may we patent a medical invention or discovery, however meritorious in itself it may be. This negation is not for the purpose of defending ourselves from each other, but to protect the community from the chance of our yielding to those ordinary temptations that surround all classes of men, and to ensure to it the full measure of every stream of beneficence of whose source we may perchance obtain the key.

Were these facts but better appreciated, there would be less distrust of physicians, and of their measures for the relief of suffering, and less complaint by them of the ingratitude of their patients.

If it be true, as I have said, that there exists this exalted though mutual dependence between the practitioner and the community in which he lives, with equal justice I may assert for *you*, as representative men, just as between yourselves and the profession, mutual duties and claims between you and the public. In proof of this fact, let me point to the extent with which many of your journals are purchased, in some instances indeed regularly subscribed for, by non-professional persons; the frequency with which they are now placed upon the open consulting lists at public libraries; and the readiness with which they are received, in exchange, by the editors and publishers of the literary and business papers and magazines of all large communities. As illustrative of the interest to which I refer, let me instance the discussions obtaining at the East, in the daily papers, flanked by quotations from the medical journals, concerning the safety of chloral, and the influence upon health of the sewing machine.

Holding, as you do, the control of such high destinies, able to show by your own examples to the extremest ends of the land the difference between ignorant empiricism and a sound education, it behooves you to exercise a wise discrimination as to the work to which you turn your hands. Too many of our journals, it seems to me, are but tame copyists of each other; each depending too much upon gatherings from some other's dust-heap, or upon the petty gossip of a neighborhood, instead of aiming at being a new focus of light and heat, itself to intensify all the rest. Our conjoined bouquet, to be all that it should be, needs greater variety; even were all roses, there should be diversity of hue. At the best, there must be a sameness about us all, when last year's volume is bound and placed away upon the shelf; but every journal can be fresh and sparkling and new when it is first issued, and so win the interest and approval of an ever-extending circle of readers.

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We all of us know by experience how much easier it is to criticise than to escape criticism; and yet we all of us, I hope, prize the endorsement of earnest, fearless, downright men, far beyond the weak approbation of timid and time-serving enemies to progress. I hold, with every one of you, that we are to work for the mass of the profession, and not for ourselves or the interest of any little clique or faction; that the broader the subjects we treat, and our views upon them, the more satisfaction we shall give and the greater the good we shall do; that we should abstain from personalities and everything like aggression, unless we are pricking a public wrong or abuse, and some knave or dolt comes out of his way to impalement upon our needle. We should take the lead in every matter of social science, and, by stimulating, thus educate the community to a wiser self-protection. We should, however difficult the task, combine towards compelling those with whom the duty may lie, towards a higher standard of medical education, and thus avert somewhat of the cloud of charlatanry that now overshadows the land. We should be quick to seize upon, and to turn to good, here at home, the suggestions that, mail after mail, are brought to us from foreign co-laborers with ourselves.

But, I may be asked, is it possible for us to withstand, to any appreciable extent, the flood of empiricism that is now everywhere threatening to beat down and cover all the old landmarks? Unless we have faith that it is possible, we are unworthy to be here in California at the present moment, surrounded, as we are upon every side, by monuments to success under what seemed insurmountable difficulties; to courage that saw, in things begun, the same already accomplished.

That there exist in all communities representatives of every form of irregularity in practice, what our Canadian neighbors call medical "sects;" that the present extreme tendency to popularize, upon the part of our more prominent professional writers, may bring dignity and permanence of standing into jeopardy; that the running riot of men's and women's minds in their discussions of questions of social science, whether within or without special associations provided therefor, goes far to confuse anew many a matter already none too plain, — these are certainly discouragements. But what of that? Were everything plain sailing, were there no dangers to avert, and no obstacles to overcome, of what possible purpose would be our Association? Of what use indeed, our journals at all?

We object, very properly, to certain definite and distinct violations of the Ethical Code; to "irregularities" so-called, and every looking

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thereto; but we yet permit an extremely wide range of action. We would not advise that every man should be his own physician; he, himself, is often the first to recognize that error; precisely as when, his own lawyer, he attempts to manage a case in court. And yet how much preferable it would be, did technical skill and what is known as common sense, oftener make each other's acquaintance! We believe in erudition; and yet, is not he the best general practitioner, who is, after all, the best nurse? Was there ever a coroner's inquest, where it would not have been for the public interests had the jury understood a little better the scientific evidence underlying the case? Was there ever a trial for malpractice, where justice did not feel the lack of a clearer insight into medical measures or surgical methods, and the still more mysterious processes of nature?

To work, and to work together, to raise, in all these matters, the level of mankind, should be your aim. Only take good care that its elevation be not attended by a corresponding lowering of yourselves. The temptations to courses that are unprofessional are many and strong; resistance to them is seldom, if ever, easily made; when done, the effort and the sacrifice are not always appreciated.

In our union, as in all others, there lies the chief secret of strength. There may be instances, within our circle, of men of pre-eminent energy, and of such magnetic force or power of persuasion, that every frost of indifference and brazen wall of opposition melts down before them. Such, however, are few. Accept them if you choose, and they are otherwise worthy the trust, as leaders; but still do not neglect that closing in of the ranks, and that hand-touch together, without which you become an easy prey to every foe, and can never reach to any really great accomplishment for the general good.

If what I have now said be true of the relations which you bear, on the one side to the profession, and on the other to the community, it must be evident that there should be constant concert of action between yourselves and the great representative body of American practitioners who assemble here to-morrow, and to whose meeting our own is as it were but the prelude. Far more than the college professors, influential though these have been and stronger though they mean to become, through their own private organization not effected the present year, *we* constitute the power behind the throne, and the measures which we initiate will give its tone and pith to the action of the National Association, upon any topic to which we may earnestly devote ourselves. Let a measure be proposed by a member for personal or improper ends, and how quickly he is scathed through our pages. Let even so august a person as its presiding officer under

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take to force upon the profession any Utopian views of his own, — whether they regard the acknowledgment of female physicians, for instance, or any other pet heresy, and it were better he had never accepted the chair, whose attainment constitutes the most laudable ambition of every physician in the country. It requires a steady hand, a calm pulse, and a cool brain, so to fulfil the duties of the presidency of the American Medical Association as to give satisfaction to, and receive efficient support from, the little group of ability-gaugers, who compose this Editorial Association.

To-morrow we are to meet our subscribers and contributors from all parts of the country. They have given us aid and encouragement; we, in return, can stay their hands in their every effort for the increased influence and honor of the great national medical body. Many and varied will be the measures that are to be, or may be, proposed. There is the fundamental and ever-recurring question of Medical Education. Shall it still remain in the custody of the college teachers, who have found it difficult to be perfectly disinterested in this matter, — there are many of them among ourselves, but as editors they have risen to a higher level, and I can therefore speak thus freely, — or is it to be settled by the outside profession, which has already wisely decided that it has the power? In the letters which I have received from every one of your number, you have urged me, almost without exception, to declare as the decided voice of the Editorial Association, that the standard of medical education in this country *must be raised*. Let it be once understood by the colleges that you are in earnest, and what you have determined upon will soon be accomplished. I hope, I may say I believe, that Massachusetts, long so laggard, will now be found to be foremost in this matter, and that the representative man who, in the fire of youth, brings a greater wisdom than that of age, will prove, in his practical test of The New Education to which I have alluded, that he has obtained the whip-hand of the medical, as of the other departments of the University, whose destinies he has been called to direct.

Will it, again, be an advantage or not for the Association to recommend the formation of a National Medical School, liable as such would always be, through political changes and favoritism, to pass into the hands of the common enemy?

The establishing of a National Medical Journal, which, overshadowing that of our learned brother Cox,* should, like the organ of

*The "National Medical Journal," Washington, D. C., edited by Prof. C. C. Cox, of Georgetown College.

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the British Medical Association, serve as the especial mouth-piece of the great annual professional conclave;

The formation of a Board of General Scrutineers, whose gauntlet would prove far more fatal than those of the present Annual Committee of Arrangements and the Committee upon Ethics combined, to many presenting themselves as delegates;

The founding of a National Board of Censors, with branches in every State, whose examination should stamp, as worthy or not, the standing of every physician already holding a college diploma;

Whether or no there should be a National System of Quarantine;

The upholding the Code of Ethics, as binding upon societies of medical men as well as upon individuals, and branding with infamy attempts, like that recently made by the Councillors of the Massachusetts Medical Society, to set it at naught;

These are all of them topics of the highest professional moment. In their settlement you have an interest, now by your votes, and hereafter in the fertile fields for discussion they are to afford your pens. I have no question that your influence, then and now, will be cast as an unit upon the side of the right. We legislate not for ourselves, but for the future.

I have exhorted you to be kindly affectioned one to another, and towards all mankind. But at the same time I warn you, would you preserve your influence, that of this Association, and your own self-respect, never to palliate wrong, never to afford shelter to the evil-doer. To do so seems often the easiest course, — it indeed may be for the time, — while to act uprightly may involve temporary misconception, remonstrance, or blame.

As an instance in point, and as having had some personal experience myself of the chance of being misunderstood, to which I have just alluded, let me again refer to one of the topics that I have mentioned as not unlikely to come before the general Association at its session during the present week. It is the extraordinary conflict of jurisdiction that has arisen in the State to which I belong, and the question whether or no the American Medical Association and its Code are in reality to be the controlling power. The discussion of these topics by the Journal of the Gynæcological Society has been the means of bringing to its editors' table an ocean of communications, in commendation, of inquiry, and in fierce denunciation, from physicians in every part of the country. It has also been the means, I doubt not, through your kind favor, of placing one of those editors, at the present moment, in this honorable chair.

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You will pardon me, if, in view of their importance, I briefly state to you the facts in the case.

They are these: —

1. Harvard College and the Massachusetts Medical Society had, for many years, an arrangement, by which all practitioners in the State being compelled to enter the Society or be treated as irregular, the graduates of the college were admitted to fellowship without any examination, upon mere presentation of their diploma, while those of all other schools were subjected to an examination, that, to use the language of the Censors to an applicant from St. Louis, who had been more than twenty-five years in practice, was "such as is demanded of a student going up for his degree." We tried for two years to right this at home; but in vain. It was accomplished last year, but only through the American Medical Association.

2. Some sixty homœopaths — most of them admitted on the free pass of the Harvard diploma — were a year ago in full fellowship with the Massachusetts Medical Society. Repeated efforts had been made to right this at home, but in vain. It was done at last, or at least was attempted to be done, by the society at large, in consequence of last year's order of the American Medical Association.

3. The State Society has a so-called Board of Councillors, a sort of House of Lords, through whom the iniquitous arrangement had been made with the College, several of the professors being upon the Board. This body claims that the American Medical Association has not the right, or if so, not the power, to discipline it for its violations of the Code. It openly sets the Association at defiance, and has ordered the fellows of the Society to appoint no delegates the present year. At the same time, it has voted to send a protest to San Francisco against the last year's action of the Association.

4. Certain of the District Societies, of which the State Society is but an agglomeration, have nevertheless decided to stand by the Code of Ethics, and have elected their delegates. The Councillors have just sent a circular to the officers of those District Societies, ordering them to recall the credentials they had issued for San Francisco; this being, and intended as, a renewed insult to the National Association.

5. The action of the Association at Washington was obtained by a formal memorial from the Gynæcological Society of Boston, whose members are also Fellows of the State Society, setting forth the abuses referred to, which could not be righted at home, and were, besides, of a *national* interest.

6. That the Councillors of the State Society voted censure upon the

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representatives of the Gynæcological Society, of whom the speaker was one, as individuals, for their action at Washington, though it was of a purely delegated character, — these gentlemen do not complain. They were endorsed by a very large vote of the State Society at its annual meeting upon their return, and the Gynæcological Society, assuming for itself all the responsibilities of the matter, has in vain demanded a trial, as provided by the by-laws of the State Society.

7. As matters now stand, the Association is at present openly defied by these "Councillors," who claim to represent, but do not represent, the State Society of Massachusetts. They have practically made their own laws; elect the annual officers of the State Society, without the members at large having even an endorsing vote; and do other things at variance with justice and propriety. There is a very strong feeling now awakening for an abolishment of the Board, and a formal re-acceptance by the Society of the Code of Ethics. The Councillors assert that the army of irregulars, although declared expelled by the Society at large, shall still continue in fellowship. Those of the Society, who remain true to the union, desire that the Association shall not permit Massachusetts to secede.* These are questions for the Association to decide; you, of the Press, assist in the formation of all such decisions. My own action, and that of the Journal which I conduct, in the matter of which I have spoken, I confidently leave with you for judgment.

Among all the matters which may engross the attention of the National Association the present year, one will probably be presented, for which I would bespeak in advance your heartiest sympathy. I refer to the invitation which has been extended to the physicians of America, from Scotland, to assist in founding worthy memorials of one, who, during his life, both as a contributor and a subject himself for discussion, did more for the interest of medical journals than any other person of his time,— the late Sir James Y. Simpson. His hand was always extended to this country in peculiar recognition of its advances in medical and surgical science; his home was the central gathering place in Great Britain, of American practitioners. As the first tidings of his death were received at Washington, before last year's delegates had left for their homes, their mass meeting in his memory at the Army Medical Museum being held before he was even yet laid in his coffin, so, on the present occasion, may such resolutions be passed as shall show that heart still beats to heart in regretful sympathy, though a continent and an ocean lie wide between.

* "Pacific Medical and Surgical Journal," May, 1871, p. 550.

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There are two points, of great interest to us as journalists, to which I would here call your attention. Together they comprise a means of reaching the profession collectively, and of placing the labors of our fraternity within its reach to an extent never before possible. For them both we are indebted to the unselfish and tireless industry of Dr. J. M. Toner, of Washington, for many years a prominent member of the American Medical Association. Dr. Toner has prepared and corrected to the present moment a list of 50,000 of the physicians now practising in the United States. This he places at your disposal, for consultation or other use. He is also engaged in preparing a complete index of the contents of all the medical journals hitherto published in the country. The value of this work, when completed, will be incalculable.

One of the objects contemplated in your Constitution was the establishing "a community of effort and means in a system of receiving foreign exchanges, and of sending our own journals abroad." I am happy to state that, through the courtesy of Prof. Joseph Henry, of Washington, the Secretary of the Smithsonian Institution, I have secured to each of your number every facility for the most extended interchange; the only condition being that your parcels are delivered in Washington free of expense to the Institution, and that you observe certain rules in regard to fastening and directing them, the particulars of which will be furnished you, upon application, by Prof. Henry. Upon the very great importance of such foreign interchange I need not dwell. Through it our American writers may become introduced to the outside medical world, of whose work, in turn, we ourselves are none too well informed.

In conclusion, I have to report that while at the time of our last year's meeting but *thirteen* of the forty-two medical journals then in the country had become members of this Association, there now belong to it *thirty-eight*, or all but three of the whole number at present existing, both in the United States and in Canada. Though our constitution speaks of the Association as confined to our own territory, its title is that of "American"; in accordance with which, and in the belief — in view of the cordial reception extended to myself the past year at Ottawa, as delegate from the American to the Canadian Medical Association, and the conviction then renewedly impressed upon me that science knows no imaginary dividing line, — I ventured in your behalf to extend an invitation to our colleagues across the border to join the Association. As the result, Dr. John Fulton, of Toronto, Editor of the "Canada Lancet," and Drs. George E. Fenwick and Francis W. Campbell, of Montreal,

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Editors of the "Canada Medical Journal," these being the only two professional periodicals in British America, have joined our body, formally signing its articles. I congratulate you, both in view of the present and the future, upon this important accession to your ranks; and I have no doubt that you will always look upon our Canadian associates as alike friends and brethren.

But three American journals, as I have said, have not entered our organization, and of these but two have declined to do so. Dr. Butler, of the "Philadelphia Medical and Surgical Reporter," has failed to respond to the letters of invitation that have been sent to him; possibly from absence, perhaps through illness or inadvertence. Dr. Hays, of the "Philadelphia Quarterly," while speaking in the kindest way of the Association and its objects, regrets that he feels that he ought not to assume conjoined responsibilities for which he considers himself unfitted, from being unable to attend your meetings. But a single journal in the whole country — I say it with pride — has flatly refused to associate itself with its contemporaries; and this, as a Boston man I say it with shame, the "Medical and Surgical Journal" of my own city, the plea of its editor, Dr. Francis H. Brown, being that "he does not think it advisable, at present, at least, to bind himself by the rules which such an organization might see fit to impose upon him"!

The following is the register of the Association. At the time I assumed its Presidency, there were, as I have said, thirteen journals enrolled; of which one, the "St. Louis Medical and Surgical Reporter," has since ceased to exist. There remained, therefore, the following twelve: —

Chicago Medical Examiner.
Baltimore Medical Journal.
Richmond and Louisville Medical Journal.
Nashville Journal of Medicine.
Galveston Medical Journal.
New Orleans Journal of Medicine.
Detroit Review of Medicine and Pharmacy.
American Practitioner. (Louisville.)
Cincinnati Lancet and Observer.
Oregon Medical and Surgical Journal.
American Journal of Obstetrics and Diseases of Women and Children. (New York.)
Journal of the Gynæcological Society of Boston.

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In addition to the above, there have joined us during the past year no less than twenty-six journals more; to wit:—

New York Medical Journal.
New York Medical Gazette.
New York Medical Record.
Journal of Psychological Medicine. (N. Y.)
National Medical Journal. (Washington, D. C.)
American Journal of Insanity.
Buffalo Medical and Surgical Journal.
Medical Times. (Philadelphia.)
Chicago Medical Journal.
Indiana Journal of Medicine. (Indianapolis.)
Michigan University Medical Journal. (Ann Arbor.)
St. Louis Medical Archives.
St. Louis Medical and Surgical Journal.
Cincinnati Medical Repertory.
Leavenworth Medical Herald.
North-western Medical and Surgical Journal. (St. Paul, Minn.)
Pacific Medical and Surgical Journal. (San Francisco.)
Boston Journal of Chemistry.
Physician and Pharmaceutist. (N. Y.)
Photographic Review of Medicine and Surgery. (Phila.)
Georgia Medical Companion. (Atlanta, Ga.)
Medical and Surgical Repertory. (Griffin, Ga.)
Kansas City Medical Journal.
Clinico-Pathological Reporter. (Jefferson, Texas.)
Canada Medical Journal. (Montreal.)
Canada Lancet. (Toronto.)

Making a total of thirty-eight journals now belonging to the Association, out of the forty-one that are so-called regular, at present exisiting in the country. It is a source of great pleasure to me that I can transmit to my successor a list that is practically complete. The two or three little gaps in your line are so slight, in comparison with the perfection of its extent, that they are almost lost sight of.

Gentlemen: you had my hearty thanks for the honor you conferred, far beyond my every poor merit, when electing me to this most honorable post. I now repeat them, for the courtesy extended to me upon the present occasion. In your behalf, also, I would express the gratitude of the Association to our California brethren for their kind welcome and most liberal hospitality.

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May we return to our homes from this land of enterprise, rapid growth, and largeness of heart, educated, even by so short a sojourn, to a greater breadth of view, a more self-sacrificing zeal, and higher purposes, than a single one of us has ever known before. Our union will then have been cemented strongly enough to resist any and every force of demoralization, whether from without or within; and the profession, recognizing at last the power of our fraternity, will frankly confess, as has so long been done by the community at large, that the Press, well organized and wisely conducted, in reality rules the world.

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